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THE SANITARY CODE

Established by

THE PUBLIC HEALTH COUNCIL

OF THE

STATE OF NEW YORK



Issued by the
NEW YORK STATE DEPARTMENT OF HEALTH
ALBANY, N. Y.

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THE SANITARY CODE

Established by

THE PUBLIC HEALTH COUNCIL

OF THE

STATE OF NEW YORK

CHAPTERS I-XIV

AND

Special Administrative Rules and Regulations

Revised to May 1, 1946

1500

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NEW YORK STATE DEPARTMENT OF HEALTH
ALBANY, N. Y.

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CHAPTERS I-XIV

File # 3050, no. 1

Special Administrative Rules and Regulations

Revised to May 1, 1946

1200

NEW YORK STATE DEPARTMENT OF HEALTH
ALBANY, N. Y.
Issued by the

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THE SANITARY CODE ESTABLISHED BY THE PUBLIC HEALTH COUNCIL OF THE STATE OF NEW YORK

Introductory Note

The public health law of the state of New York, as amended, provides as follows:

“Section 2-b. Sanitary code. Subject to approval by the commissioner of health, the public health council shall have power by the affirmative vote of a majority of its members to establish and from time to time amend and repeal sanitary regulations, without discrimination against any licensed physicians. The regulations so established shall be called the sanitary code. The sanitary code may deal with any matters affecting the security of life or health or the preservation and improvement of public health in the state of New York, and with any matters as to which jurisdiction is hereinafter conferred upon the public health council. The sanitary code may include provisions regulating the practice of midwifery and for the promotion of health in any or all Indian reservations. * * * The provisions of the sanitary code shall have the force and effect of law and the violation of any provision thereof shall constitute a misdemeanor, punishable on conviction by a fine not exceeding fifty dollars or by imprisonment for not exceeding six months, or both. No provision of the sanitary code shall relate to the city of New York or any portion thereof, and every provision of the sanitary code shall apply to and be effective in all portions of the state except the city of New York unless stated otherwise.”

“Section 2-c. Enforcement of sanitary code. The provisions of the sanitary code shall, as to matters to which it relates, and in the territory prescribed therefor by the public health council, supersede all local ordinances heretofore or hereafter enacted inconsistent therewith. Each city, town or village may, in the manner hereinafter prescribed, enact sanitary regulations not inconsistent with the sanitary code established by the public health council. The public health council shall have power, subject to approval by the commissioner of health, to prescribe by regulations, incorporated in and as a part of the sanitary code, the qualifications of directors of divisions, district state health officers, local health officers hereafter appointed,* public health nurses, and, applicable to new appointments made after June thirtieth, nineteen hundred thirty-seven, if appointees are to be paid from public funds, of dairy and milk inspectors, operators of public sewage treatment plants and operators of public water treatment and purification plants; provided that appointments may be made from civil service lists if established prior to July one, nineteen hundred thirty-seven of dairy and milk inspectors, operators of public sewage treatment plants and operators of public water treatment and purification plants.

“The actions, proceedings and authority of the state health department in enforcing the provisions of the public health law and sanitary code applying them to specific cases shall at all times be regarded as in their nature judicial, and shall be treated as prima facie just and legal. All meetings of said public health council shall in every suit and proceeding be taken to have been duly called and regularly held, and all regulations and proceedings to have been duly authorized unless the contrary be proved.

* See Public Health Law, section 20.

"The public health council shall have no executive, administrative or appointive duties. It shall, at the request of the commissioner of health, consider any matter relating to the preservation and improvement of public health, and may advise the commissioner thereon; and it may from time to time submit to the commissioner any recommendations which it may deem wise."

Under the public health law, it is the duty of all local health officers to enforce in their respective jurisdictions the provisions of the public health law and the sanitary code, and the orders and regulations not inconsistent therewith, of their respective boards of health.

The state commissioner of health, under the same law, has the power, and it is his duty, to exercise general supervision over the work of all local health authorities, except in the city of New York, and to see that the provisions of the public health law and the sanitary code are enforced.

The sanitary code supplements but does not take the place of the provisions of the public health law or of any amendments thereto, or of any of the laws relating to the public health or to the powers or duties of the state commissioner of health, the state department of health, local boards of health or local health officers.

Additions to the sanitary code will be made from time to time.

CHAPTER I

Definitions and General Provisions

Regulation 1. Definitions. Unless otherwise specifically provided herein, the following words and terms used in this code are defined for the purposes thereof as follows:

(1) The term "communicable disease" means such communicable disease as may be designated in regulation one of chapter two of the code.

(2) The term "municipality" means and includes a city, town, village, or consolidated health district or any subdivision or part of the state of New York lawfully established as a separate public health unit.

(3) The term "board of health" or "local board of health" means and includes the local board, department, or commissioner of health, or other body or official of a municipality, by whatever title the same may be known, having the usual powers and duties of the board of health of a municipality.

(4) The term "health officer" or "local health officer" means and includes the health officer, or other officer of a municipality, by whatever title he may be known, having the usual powers and duties of the health officer of a municipality.

(5) The term "approved laboratory" or "laboratory approved for the examination" shall mean a laboratory possessing a certificate of approval for the specified examination, issued by the state commissioner of health under the authority of § 4-b of the public health law. (Enacted April 7, 1914; amended March 20, 1917; June 25, 1918; May 27, 1919; May 20, 1932; and June 28, 1932, effective July 1, 1932.)

Regulation 2. Local health officer to file monthly report.* Each local health officer shall submit to the district state health officer, on or before the fifth day of each month, a report for the previous month: provided, that in a county health district such reports from cities and villages shall be forwarded to the county commissioner of health. In towns, villages and consolidated districts such reports shall be submitted on a form prescribed by the state commissioner of health, or if in another form shall be acceptable to the state commissioner of health and contain equivalent information. (Enacted April 7, 1914; amended February 13, 1923; November 20, 1924; amended and renumbered June 28, 1932; and amended January 19, 1934, effective January 19, 1934.)

Regulation 3. Right of entrance and inspection.† No person shall interfere with or obstruct the entrance to any house, building, vessel, or other premises of the state commissioner of health, or local health officer, or the authorized representative of either, in the discharge of his official duties; nor shall any person interfere with or obstruct the inspection or examination of any occupant of any such house, building, vessel, or other premises by the state commissioner of health, or local health officer, or the authorized representative of either, in the discharge of his official duties. (Enacted May 1, 1929; and renumbered June 28, 1932, effective July 1, 1932.)

Regulation 4. Violations declared to be misdemeanors.‡ Any violation of any provision of this code is hereby declared to be a misdemeanor and is punishable by a fine of not more than fifty dollars or by imprisonment for

* Originally a part of former Chap. VII, then entitled Miscellaneous.

† See Penal Law, section 1741; Public Health Law, section 21-b.

‡ See Public Health Law, sections 17, 21.

not more than six months, or by both. (Enacted April 7, 1914; amended January 22, 1916; amended and renumbered May 1, 1929; and renumbered June 28, 1932, effective July 1, 1932.)

Regulation 5. Interference with placards prohibited. No person shall interfere with or obstruct any health authority in the posting of any placard in accordance with the requirements of the public health law or the sanitary code, in or on any place or premises, nor shall any person conceal, mutilate, or remove any such placard, except by direction of the health officer.

In the event of any such placard being concealed, mutilated or torn down it shall be the duty of the occupant, owner or person in charge of the premises whereon such placard was posted immediately to notify the health officer of such fact. (Enacted September 21, 1933, effective September 21, 1933.)

Regulation 6. Disclosure of confidential information concerning cancer, tuberculosis and venereal diseases to the medical examiner of an induction center of the armed forces authorized. To facilitate the administration of the Selective Service Act state health officers or local health officers having custody of cancer, tuberculosis and venereal disease case records may divulge to the medical examiner of an induction center of the armed forces the identity, laboratory examination results and treatment status of individuals who have been reported to them as cases of cancer, tuberculosis or venereal disease. (Enacted March 17, 1944, effective April 1, 1944.)

CHAPTER II*

Communicable Diseases

Regulation 1. Communicable diseases designated; cases and certain carriers to be reported to the state department of health.† When used in the public health law and in this code, the term infectious, contagious or communicable disease, shall be held to include the following diseases:

Anthrax
Botulism
Chancroid
Chickenpox
Cholera, Asiatic
Diphtheria
Dysentery, amebic and bacillary
Encephalitis (lethargic and other infectious)
Glanders
Gonorrhea
Malaria
Measles
Meningococcal meningitis or meningococemia (septicemia)
Ophthalmia neonatorum (suppurative conjunctivitis occurring in infants twenty-one days of age or less)
Paratyphoid fever
Plague
Pneumonia (all forms)
Poliomyelitis
Psittacosis
Rabies
Rocky Mountain spotted fever
Scarlet fever (see streptococcal sore throat)
Smallpox
Streptococcal sore throat (including scarlet fever)
Syphilis
Tetanus
Trichinosis
Tuberculosis
Tularemia
Typhoid fever
Typhus fever
Undulant fever
Whooping cough

AMENDED
See Supplement

Upon receipt of a report of a communicable disease the local health officer shall make a copy thereof in his permanent record and forward immediately the original to the state department of health, except that in incorporated places of over 10,000 population, in lieu of an individual report of each case the local health officer may with the written consent of the state commissioner of health make such summarized reports as the commissioner may require.

The local health officer shall report promptly to the state department of

* This Chapter supersedes the original Chap. II which was adopted April 7, 1914 and subsequently amended from time to time.

† See Public Health Law, sections 14, 25.

health the name, age and address of each person in his district known to be or suspected of being a carrier of the organisms of typhoid fever or paratyphoid fever. He shall also make such supplementary reports of such carrier as the state commissioner of health may require. (Enacted April 7, 1914; amended March 20, 1917; May 17, 1917; December 27, 1917; June 25, 1918; October 11, 1918; May 27, 1919; November 18, 1919; April 27, 1920; May 27, 1920; February 7, 1922; June 24, 1924; January 20, 1926; April 14, 1926; May 20, 1932; January 19, 1934; March 17, 1939; September 22, 1939; February 20, 1942; May 21, 1943; and November 17, 1944, effective January 1, 1945.)

Regulation 2. Reporting cases of communicable disease by physicians.*

It shall be the duty of every physician to report to the local health officer, within whose jurisdiction such patient is, the full name, age and address of every person apparently affected with a communicable disease together with the name of the disease, within twenty-four hours from the time the case is first seen by him, and such report shall be by telephone or telegram when practicable, and shall also be made in writing, except that the written notice may be omitted with the approval of the state commissioner of health in incorporated places of more than 10,000 population:

Provided that when a case of a communicable disease occurs in a state institution the person in charge of the institution shall report the case to the district state health officer as well as to the local health officer. However, if said institution is located in a local health district of less than 50,000 population not having a whole-time health officer, the report to the local health officer may be omitted.

Provided further that when a case of tuberculosis, chancre, gonorrhea or syphilis occurs in a local health district of less than 50,000 population not having a whole-time health officer or in a tuberculosis hospital or sanatorium, such case shall be reported directly to the district state health officer unless the state commissioner of health shall have approved for such local health district the reporting of such cases to the local health officer.

Provided further that cases of chancre, gonorrhea and syphilis shall be reported in writing, and that the patient's initials and date of birth may be given in lieu of the patient's name. The physician shall keep a record of each case reported by initials and date of birth and the corresponding name of the patient together with his address. The name and address of the patient shall be reported to the local or state health official to whom the attending physician is required to report such case, upon the special request of such official if in his judgment this action may be necessary to prevent the spread of the disease to other persons.

Whenever any person suffering from chancre, gonorrhea or syphilis shall discontinue treatment while in the judgment of the attending physician he is capable of transmitting the disease to others such physician shall report immediately such facts together with the full name and address of the patient to the local or state health official to whom the attending physician is required to report such case. (Enacted April 7, 1914; amended January 22, 1916; June 25, 1918; May 1, 1929; May 20, 1932; June 23, 1936; February 20, 1942; and December 17, 1943, effective January 15, 1944.)

Regulation 2a. Reporting cases of communicable disease diagnosed after death. If a pathologist, coroner, medical examiner, or other person determines from examination of a corpse or from history of the events leading to death that at the time of death this individual apparently was affected with a communicable disease, he shall report the case promptly to the proper health authority according to the manner indicated in regulation 2 of this chapter

* See Public Health Law, sections 14, 25.

as if the diagnosis had been established prior to death. (Enacted February 20, 1942, effective April 1, 1942.)

Regulation 3. Reporting by others than physicians of cases of diseases presumably communicable.* When no physician is in attendance it shall be the duty of the head of a private household or the person in charge of any institution, school, hotel, boarding house, camp or vessel or any public health nurse or any other person having actual knowledge of an individual affected with any disease presumably communicable, to report immediately the name and address of such person to the local health officer. Until official action on such case has been taken, strict isolation shall be maintained. (Enacted April 7, 1914; amended September 16, 1914; March 4, 1915; September 18, 1914; November 20, 1924; May 1, 1929; May 20, 1932; and January 25, 1935, effective March 1, 1935.)

Regulation 4. Reporting cases of communicable disease on dairy farms.† When a case of typhoid fever, paratyphoid fever, diphtheria, streptococcal sore throat (including scarlet fever), amebic or bacillary dysentery, or Asiatic cholera occurs on any farm or dairy producing milk, cream, butter, or other dairy products for sale, it shall be the duty of the physician in attendance to report immediately to the local health officer the existence on such farm or dairy of such case. If no physician is in attendance it shall be the duty of the owner or person in charge of such farm or dairy to report forthwith to the local health officer the name and address of any person, who is affected with a disease presumably communicable, and who is employed or resides on or in such farm or dairy, or who comes in contact in any way therewith or with its products.

It shall be the duty of the health officer to report immediately to the district state health officer by telephone, the existence on such farm or dairy of a case of disease mentioned in this regulation, together with all facts as to the isolation of such case, and to give the names of the localities to which such dairy products are delivered. (Enacted April 7, 1914; amended October 15, 1915; May 17, 1917; April 27, 1920; February 13, 1923; June 24, 1924; amended and renumbered May 1, 1929; amended May 20, 1932; February 20, 1942; and November 17, 1944, effective January 1, 1945.)

Regulation 5. Reporting of rabid animals and of persons bitten.‡ It shall be the duty of every physician to report immediately to the local health officer the full name, age and address of any person under his care or observation who has been bitten by an animal having rabies or suspected of having rabies.

In a health district certified by the state commissioner of health as one in which rabies exists among dogs it shall be the duty of a physician to make such a report to the local health officer of any person under his care or observation who has been bitten by any animal of a species subject to rabies.

If no physician is in attendance and the person bitten is a child, it shall be the duty of the parent or guardian to make such report immediately. If the person bitten is an adult, such person shall himself make the report, or, if incapacitated, it shall be made by whoever is caring for the person bitten.

It shall be the duty of every person having knowledge of the existence of an animal apparently afflicted with rabies to report immediately to the local health officer the existence of such animal, the place where seen, the owner's name, if known, and the symptoms suggesting rabies.

* See Public Health Law, sections 14, 25.

† See regulations 22-24.

‡ See regulation 10; Public Health Law, sections 21, 25-a; Agriculture and Markets Law, sections 106-127.

The local health officer shall report forthwith to the state department of health the name, age and address of every person bitten by an animal having rabies or suspected of having rabies, and all the pertinent facts relating to any animal found to have or to have had rabies. (Enacted May 17, 1917; amended September 14, 1921; June 24, 1924; January 20, 1926; December 8, 1926; amended and renumbered May 1, 1929; and amended February 20, 1942, effective April 1, 1942.)

Regulation 6. Reporting of food poisoning. Every physician, visiting nurse, public health nurse, and every superintendent or other person in charge of any school, hospital, institution, dispensary, laboratory, labor camp or other camp, who shall have knowledge of the occurrence of a number or group of cases of illness believed to have been due to the consumption of spoiled or poisonous food, shall report the same immediately, by telephone or telegram, to the local health officer:

Provided that if the cases occur in a state institution said cases shall be reported to the district state health officer as well as to the local health officer. However, if said institution is located in a local health district of less than 50,000 population not having a whole-time health officer, the report to the local health officer may be omitted. (Enacted April 7, 1914; amended May 27, 1920; amended and renumbered May 1, 1929; and amended December 17, 1943, effective January 15, 1944.)

Regulation 7. Notification of outbreaks of food poisoning, diarrhea, jaundice, epidemic influenza, glandular fever, sore throat, epidemic keratoconjunctivitis, and undiagnosed febrile disease. Whenever there shall occur in any municipality an outbreak of suspected food poisoning or an unusual prevalence of diarrhea, gastroenteritis, enteritis, colitis, enterocolitis, cholera nostras, cholera infantum or other disease in which diarrhea is a prominent symptom, or whenever jaundice, epidemic influenza, glandular fever, sore throat, epidemic keratoconjunctivitis or any undiagnosed febrile disease is unusually prevalent, it shall be the duty of the health officer to report immediately by telephone or telegram the existence of such an outbreak to the district state health officer. Local health officers shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of such diseases.

When such outbreaks occur in a state institution, the person in charge shall report the existence of the outbreak immediately by telephone or telegram to the district state health officer as well as to the local health officer. However, if said institution is located in a local health district of less than 50,000 population not having a whole-time health officer, the report to the local health officer may be omitted. (Enacted October 11, 1921; amended February 7, 1922; April 14, 1926; amended and renumbered May 1, 1929; amended May 20, 1932; January 19, 1934; November 20, 1942; and December 17, 1943, effective January 15, 1944.)

Regulation 8. Duties of registrars and health officers when deaths from communicable disease are reported. (a) It shall be the duty of the local registrar of vital statistics whenever a certificate of death from a communicable disease has been filed with him to report immediately to the health officer the name, age and address of the deceased, the disease, and the name of the physician who signed such certificate.

(b) It shall be the duty of every health officer upon receiving such a report to ascertain immediately whether such person has been reported as suffering during life with such communicable disease. The health officer shall also forward promptly all such reports or copies thereof to the state department of health, except as provided in paragraph (c) of this regulation. If the health officer ascertains that a physician has failed to report a case of communicable

disease, he shall inform the physician of his failure to conform with the sanitary code, and, except in a county health district shall report to the state department of health the name and address of such physician.

(c) In a county health district it shall be the duty of the local health officer upon the receipt of a report, under the provisions of paragraph (a) of this regulation, to forward such report at once to the county health officer. If the county health officer ascertains that the physician has failed to report such case of communicable disease, he shall inform the physician of his failure to conform with the sanitary code, and shall report to the state department of health the name and address of such physician.* (Enacted March 20, 1917; amended February 13, 1923; November 20, 1924; January 12, 1927; and amended and renumbered May 1, 1929, effective July 1, 1929.)

Regulation 9. Physician to submit specimens for laboratory examination in cases or suspected cases of certain communicable diseases.† A physician in attendance on a person affected with or suspected of being affected with any of the diseases mentioned in this regulation shall submit to an approved laboratory, or to the laboratory of the state department of health for examination such specimens as may be designated by the state commissioner of health, together with data concerning the history and clinical manifestations pertinent to the examination:

Anthrax
 Chancroid
 Cholera, Asiatic
 Diphtheria
 Dysentery, bacillary
 Glanders
 Malaria
 Meningococcal meningitis or meningococcemia (septicemia)
 Ophthalmia neonatorum
 Paratyphoid fever
 Plague
 Streptococcal sore throat (including scarlet fever)
 Syphilis
 Tularemia
 Typhoid fever
 Typhus fever
 Undulant fever
 Vincent's angina

(Enacted May 1, 1929; amended May 20, 1932; June 28, 1932; June 25, 1935; May 21, 1943; and November 17, 1944, effective January 1, 1945.)

DIRECTIONS GOVERNING SUBMISSION OF SPECIMENS

*Promulgated by the Division of Laboratories and Research
 (NOT a part of the Sanitary Code)*

The following specimens should be submitted for laboratory examination, either with pertinent data concerning the history and clinical manifestations necessary for the examination.

ANTHRAX

- 1 Exudate from the lesion on a sterile swab (tube outfit with swab)
- 2 Films of the exudate on glass slides (slide outfit).

* See Public Health Law, section 20-b.

† See Public Health Law, section 4-b, and regulations below.

CHANCROID

In order to detect concurrent syphilitic infection, submit the specimens specified under syphilis.

CHOLERA, ASIATIC

- 1 A specimen of feces in a sterile container without preservative (jar outfit)
- 2 Ten milliliters of blood to be examined for evidence of typhoid fever (typhoid tube outfit).

DIPHTHERIA

A culture from the throat on Loeffler's blood-serum medium and, if symptoms of rhinitis are observed, a culture from the nose also (diphtheria culture outfit).

DYSENTERY, BACILLARY

- 1 A specimen of feces (typhoid jar outfit containing buffered 30-per-cent glycerol);
- 2 Ten milliliters of blood to be examined for evidence of typhoid fever (typhoid tube outfit).

GLANDERS

- 1 Ten milliliters of blood (typhoid tube outfit);
- 2 A specimen of discharge on a sterile swab (tube outfit with swab);
- 3 Films of discharge on glass slides (slide outfit).

MALARIA

Both thick and thin films of blood on glass slides collected preferably between twelve and twenty-four hours after a chill (slide outfit).

MENINGOCOCCAL MENINGITIS

A specimen of spinal fluid in a sterile container (tube outfit—swab or needle removed).

MENINGOCOCCEMIA (SEPTICEMIA)

Blood cultural tests should, if possible, be made in a nearby approved laboratory. Otherwise 10 ml. of blood shall be submitted (typhoid tube outfit).

OPHTHALMIA NEONATORUM

Films of the exudate from the eye on glass slides (gonorrhea slide outfit).

PLAGUE

- 1 A specimen of discharge or aspirated fluid, if a bubo is present (tube outfit with swab);
- 2 Ten milliliters of blood (typhoid tube outfit);
- 3 In the pneumonic type of plague, a specimen of sputum (jar outfit).

STREPTOCOCCAL SORE THROAT (INCLUDING SCARLET FEVER)

A culture from the throat on Loeffler's blood-serum medium, and the swab used in making the culture (diphtheria culture outfit).

SYPHILIS

- 1 Fluid from the lesion to be examined for *Treponema pallidum* (chancre fluid outfit containing capillary tubes);
- 2 Ten milliliters of blood for the complement-fixation (Wassermann) test (syphilis tube outfit);
- 3 When laboratory tests fail to disclose evidence of syphilitic infection, 10 ml.

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of blood for the complement-fixation (Wassermann) test, taken at weekly intervals until eight weeks have elapsed following the appearance of the primary lesion, unless evidence of syphilis is obtained earlier.

TULAREMIA

- 1 Ten milliliters of blood (typhoid tube outfit);
- 2 If ulcerating lesions are present, films of discharge on glass slides (slide outfit), and a specimen of discharge on a sterile swab (tube outfit with swab).

TYPHOID AND PARATYPHOID FEVERS

- 1 Ten milliliters of blood (typhoid tube outfit);
- 2 A specimen of fluid feces (typhoid jar outfit containing buffered 30-per-cent glycerol) and, if there is evidence of localization in the genitourinary tract, a specimen of urine (typhoid jar outfit containing buffered 30-per-cent glycerol).

TYPHUS FEVER

- 1 Ten milliliters of blood (typhoid tube outfit);
- 2 A specimen of feces to be examined for evidence of typhoid fever (typhoid jar outfit containing buffered 30-per-cent glycerol).

UNDULANT FEVER

Ten milliliters of blood (typhoid tube outfit).

VINCENT'S ANGINA

- 1 Films of the exudate on glass slides (slide outfit);
- 2 A culture from the exudate on Loeffler's blood-serum medium, to be examined for diphtheria bacilli and hemolytic streptococci (diphtheria culture outfit).

Regulation 10. Health officer to confine animal which has bitten person; to kill suspected rabid animal and send head of such to laboratory.* Whenever in accordance with regulation 5 of this chapter the health officer is notified of an animal which is of a species subject to rabies, and which has bitten any person, he shall cause the animal to be confined for one week unless such animal develops active symptoms of rabies within that time in which case it shall be killed under the direction of the health officer.

The health officer shall secure and confine or cause to be secured and confined under competent observation any animal within his jurisdiction suspected of having rabies for such time as may be necessary to determine the diagnosis. If such animal cannot be secured and confined, the health officer shall cause such animal to be killed. If an animal is known to have rabies it shall be killed under the direction of the health officer.

Except as hereinafter provided any animal subject to rabies, which has been bitten by a known rabid animal, or is known to have been in intimate contact with a rabid animal, shall be destroyed unless it shall be isolated at the expense of the owner for a period of four months either in a veterinary hospital approved by the health officer, or in a locked enclosure approved by the health officer as being so constructed that the animal cannot escape and cannot have contact with any other animal. The owner of the animal shall maintain the enclosure in such a manner that the animal cannot escape or have contact with any other animal or human being except when absolutely necessary with the person responsible for the care of the confined animal.

* See regulation 5. For instructions as to packing and shipping and other information, see Laboratory Manual for Physicians, under Rabies.

An animal under such restrictions shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the health officer from whose district such animal is to be removed and the permission of the health officer to whose jurisdiction such animal is to be transferred. The former shall give permission only after securing the consent of the health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to New York City or into another state, he shall give permission only after securing the consent of the commissioner of health of the State of New York. Such removal shall be by private conveyance, in charge of a responsible person and conducted in such a manner as to prevent the escape of the animal or its coming in contact with other animals or persons.

Whenever any animal that has or is suspected of having rabies dies or is killed it shall be the duty of the health officer to cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the state commissioner of health. (Enacted May 17, 1917; amended September 14, 1921; June 24, 1924; January 20, 1926; December 8, 1926; amended and renumbered May 1, 1929; amended November 6, 1929; May 20, 1932; and June 28, 1932, effective September 1, 1932.)

Regulation 11. Physician to isolate person with communicable disease and give instructions regarding prevention of spread of the disease.* It shall be the duty of the attending physician immediately upon discovering a case of communicable disease to cause the patient to be isolated, pending official action by the health officer. Such physician shall also advise other members of the household regarding precautions to be taken to prevent further spread of the disease and shall inform them as to appropriate specific preventive measures. He shall in addition furnish the patient's attendant with such detailed instructions regarding the disinfection and disposal of infective secretions and excretions as may be prescribed by the state commissioner of health. (Enacted April 7, 1914; amended May 1, 1929; May 20, 1932; and June 28, 1932, effective September 1, 1932.)

Regulation 12. Precautions to be observed for the prevention of ophthalmia neonatorum.† It shall be the duty of the attending physician, midwife, nurse or other person in attendance on a confinement to drop into both eyes of the infant immediately on delivery a one per cent solution of nitrate of silver or some other agent equally efficient for preventing ophthalmia neonatorum. (Enacted February 7, 1922; and amended and renumbered May 1, 1929, effective July 1, 1929.)

Regulation 13. Health officer to investigate cases of communicable disease, to ascertain sources of infection, to seek out contacts and to take other steps to reduce morbidity and mortality. Except for diseases for which equivalent measures of investigation and control are specifically provided in other regulations of this code, it shall be the duty of the health officer, either personally or through a qualified representative, immediately upon receiving a report of a case of communicable disease:

(a) To make such an investigation as the circumstances may require for the purpose of verifying the diagnosis, ascertaining the source of infection and discovering contacts and unreported cases;

(b) To collect and submit, or cause to be collected and submitted, for laboratory examination such specimens as may furnish necessary or desirable information in determining the source of infection or in assisting

* See regulations 14-18.

† See Penal Law, section 482, subdivision 3.

diagnosis; and to furnish or to cause to be furnished with the specimens pertinent data on forms prescribed by the state commissioner of health in regard to the history of the cases, the physical findings and the epidemiological investigation which indicate the need for the examinations requested;

(c) To give to a responsible member of every household living in the building in which such case exists or was taken sick, such appropriate circular as may be issued or approved by the state commissioner of health;

(d) To assure himself that proper bedside disinfection is being employed, to instruct a responsible member of the household of the means to be taken to prevent further spread of the disease and to put into effect those other recognized measures which tend to reduce morbidity and mortality. (Enacted May 1, 1929; amended May 20, 1932; and June 29, 1938, effective June 29, 1938.)

Regulation 14. Contacts, date of last exposure, isolation and quarantine defined. For the purposes of this code

(a) The term *household contacts* shall include every person in a household wherein a case of communicable disease exists. By an "adult" is meant an individual sixteen years of age or over.

(b) The term *incidental contacts* shall include persons other than household contacts who have been in contact with a person affected with a communicable disease.

(c) The *date of last exposure of household contacts* shall be deemed to be the date of the removal of such household contacts to premises other than those where the case exists, or the date of the removal of the patient to other premises, or the date of release of the patient from isolation.

(d) *Isolation*, except as specifically modified in other regulations of this code, shall consist of

(1) Either (a) the care of the patient in a hospital approved by the local health officer for the care of such patients, or

(b) The continuous separation of the patient or patients in a room used for no purpose other than their care from all persons except the physician and nurse or other person in attendance and such others as may be authorized by the health officer; and

(2) Disinfection of any article likely to convey infection, before its removal from such hospital or room.

(e) *Quarantine of premises*, except as specifically modified in other regulations of this code, shall consist of

(1) Prohibition of entrance into or exit from the premises, as designated by the health officer, where a case of communicable disease exists of any person other than medical attendants and such others as may be authorized by the health officer.

(2) Prohibition, without permission and instruction from the health officer, of the removal from such premises of any article liable to contamination with infective material through contact with the patient or with his secretions or excretions, unless such article has been disinfected.

(3) Posting and maintaining at the entrance of the premises where a case exists a placard stating the existence therein of a communicable disease.

(f) *Personal quarantine* shall mean restricting household contacts and/or incidental contacts to premises designated by the health officer. (Enacted May 1, 1929; amended May 20, 1932; and November 17, 1944, effective January 1, 1945.)

AMENDED
See Supplement

Regulation 15. Persons suffering from chickenpox, bacillary dysentery, measles, meningococcal meningitis or meningococcemia (septicemia), ophthalmia neonatorum, pneumonia, poliomyelitis, typhoid and paratyphoid fever to be isolated. Whenever a case of one of the diseases mentioned in this regulation comes to the attention of the health officer, he shall establish and maintain isolation of such case for the period specified herein; when isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital.

Chickenpox: Until recovery.

Measles: Until recovery.

Meningococcal meningitis or meningococcemia (septicemia): Until end of the febrile stage.

Ophthalmia neonatorum: Until two successive specimens of the discharges obtained from each eye, taken at intervals of not less than 48 hours, shall have been found free from gonococci or other causative microorganisms in an approved laboratory.

Pneumonia: Until recovery.

Poliomyelitis: Until end of the febrile stage.

Typhoid fever: For ten days after clinical recovery from the disease. After the termination of such period of isolation such patient shall conform to the regulations for the control of typhoid carriers until two successive specimens of feces passed not less than three weeks after the date of onset and at an interval of not less than five days shall have been examined in an approved laboratory and found to be free from typhoid bacilli; a person who has recovered from typhoid fever shall not engage in the handling of milk, dairy products or other foods until all secondary or complicating infections incited by the agents of this disease have disappeared and until four successive specimens of the intestinal discharges and urine of the person passed not less than three weeks after the date of onset and at intervals of not less than five days have been examined in an approved laboratory and found to be free from typhoid bacilli; provided that any person, in whose feces or urine typhoid bacilli are present one year after such person has recovered from typhoid fever, shall be released from the restrictions for typhoid carriers only with the approval of the state commissioner of health.

Paratyphoid fever: For five days after clinical recovery from the disease except that no person shall engage in the handling of milk, dairy products or other foods until clinical recovery and until four successive specimens of intestinal discharges and urine, passed not less than one week after the date of onset and at intervals of not less than five days shall have been examined in an approved laboratory and no paratyphoid bacilli shall have been found.

Bacillary dysentery: For five days after clinical recovery from the disease except that no person shall engage in the handling of milk, dairy products or other foods until clinical recovery and until four successive specimens of intestinal discharges passed not less than one week after the date of onset and at intervals of not less than 24 hours shall have been examined in an approved laboratory and found to be free from organisms of the dysentery group. (Enacted April 7, 1914; amended October 5, 1915; May 17, 1917; June 25, 1918; August 1, 1918; December 4, 1918; January 10, 1919; December 7, 1920; September 14, 1921; March 7, 1922; June 24, 1924; March 11, 1925; amended and renumbered May 1, 1929; amended October 9, 1929; May 20, 1932; January 21, 1938; February 20, 1942; June 27, 1944; and November 17, 1944, effective January 1, 1945.)

AMENDED
See Supplement

Regulation 16. Smallpox, Asiatic cholera, plague and typhus fever cases to be quarantined. Whenever a case of one of the diseases mentioned in this regulation shall come to the attention of the health officer he shall isolate such case and establish and maintain quarantine for the periods hereinafter provided. When isolation on the premises is impracticable, the health officer shall cause the removal of the patient to a suitable hospital or other building where isolation is practicable.

Smallpox: ISOLATION of the patient until fourteen days after the development of the disease and until all skin lesions have healed.

QUARANTINE of contacts who have not been previously vaccinated or have not had a previous attack of smallpox until three weeks after last exposure except that household contacts who do not continue to reside on the same premises as the patient and all other contacts who are successfully vaccinated *within three days* following first exposure may be released from quarantine after the reaction to vaccination has reached its height. Such contact shall be kept under daily observation by the health officer until three weeks have elapsed from the date of last exposure.*

Contacts presenting evidence satisfactory to the health officer of previous successful vaccination or a previous attack of smallpox, who do not reside or continue to reside on the same premises with the patient, and upon revaccination show either an immune or an accelerated reaction, may be released from quarantine after the vaccinia reaction has reached its height. Such contact shall be kept under daily observation by the health officer until three weeks have elapsed from the date of last exposure.*

QUARANTINE OF PREMISES: Until release or removal of the patient and the household contacts.

Cholera, Asiatic: Until release by the health officer.

Plague: Until release by the health officer.

Typhus fever: Until release by the health officer. (Enacted April 7, 1914; amended June 26, 1929; and October 27, 1939, effective December 1, 1939.)

Regulation 17. Diphtheria and streptococcal sore throat (including scarlet fever). Isolation of case, quarantine of children of household and modified quarantine for adult household contacts. Whenever a case of one of the diseases mentioned in this regulation shall come to the attention of the health officer, he shall isolate the patient and establish and maintain quarantine for the periods hereinafter stated, provided however that if a case of diphtheria or streptococcal sore throat (including scarlet fever) is properly isolated on the premises, quarantine shall be so modified as to permit adult household contacts who show no evidence of infection and will not be subsequently exposed to the patient or his secretions or excretions to follow any vocation which does not involve close association with children. When isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital.

Diphtheria: ISOLATION until two successive cultures† taken from the nose and throat at intervals of not less than twenty-four hours have been found free from diphtheria bacilli in an approved laboratory, the first of such cultures being taken not less than one week from the day of the onset of the disease; except that if diphtheria bacilli continue to be present in cultures after five weeks from the date of taking the first release culture, the health officer in his discretion may declare the person to be a diphtheria carrier.

PERSONAL QUARANTINE of household contacts except as otherwise provided herein until cultures taken from both nose and throat subsequent to

* See Public Health Law, sections 21, 25 and 310-311, and Approved Methods of Vaccination.

† See "Directions Governing Submission of Specimens," pp. 19, 20, 21.

AMENDED See Supplement

last exposure have been found free from diphtheria bacilli in an approved laboratory.

QUARANTINE OF PREMISES: Until release of patient and household contacts. *Streptococcal sore throat (including scarlet fever):* ISOLATION until the mucous membranes of the nose and throat appear normal, and until all abnormal discharges from the nose, throat and ears, and suppurating glands have ceased provided that such isolation shall continue for not less than seven days and not more than ninety days.

PERSONAL QUARANTINE of household contacts except as otherwise provided herein until the release of the patient provided that if such contact does not continue to reside on the same premises as the patient, quarantine shall continue until one week after last exposure. (Enacted April 7, 1914; amended April 27, 1920; June 24, 1924; May 1, 1929; May 20, 1932; June 26, 1934; March 15, 1935; March 19, 1937; February 20, 1942; June 27, 1944; and November 17, 1944, effective January 1, 1945.)

Regulation 18. Whooping cough cases to be restricted. A person suffering from whooping cough shall not be permitted to associate with children or attend public assemblies nor shall such a person, if a child, be permitted to leave the premises whereon he resides unless accompanied by an adult guardian who shall prevent contact with children. Such restrictions shall be maintained until the characteristic coughing has ceased and for one week thereafter provided that the maximum period of restriction shall be eight weeks. (Enacted May 1, 1929, effective July 1, 1929.)

Regulation 19. Interference with placards prohibited. No person shall interfere with or obstruct any health authority in the posting of any placard stating the existence of a case of communicable disease, in or on any place or premises, nor shall any person conceal, mutilate, or remove any such placard, except by permission of the health officer.

In the event of any such placard being concealed, mutilated or torn down it shall be the duty of the occupant of the premises whereon such placard was posted immediately to notify the health officer of such fact. (Enacted April 7, 1914; and amended and renumbered May 1, 1929, effective July 1, 1929.)

Regulation 20. Removal of cases of communicable diseases from one health district to another restricted. Except as hereinafter provided no person affected with a disease mentioned in regulations 15 to 18 inclusive of this chapter shall be removed from one health district into another except with the permission of the health officer from whose district such person is removed and the permission of the health officer to whose jurisdiction such person is to be transferred. The former shall give permission only after securing the consent of the health officer to whose jurisdiction the person is to be transferred except that the latter's permission need not be obtained if the patient is brought into a municipality solely for hospitalization in an institution approved by that municipality's health officer for admission of the type of case in question. Such removal shall be by means of a private conveyance, in charge of a responsible person and conducted in such manner as to prevent the exposure of other persons to the patient. (Enacted April 7, 1914; amended May 17, 1917; April 27, 1920; December 7, 1920; June 24, 1924; amended and renumbered May 1, 1929; and amended February 20, 1942, effective April 1, 1942.)

Regulation 21. Isolation wards required in institutions for children. Every institution for children, in which twenty or more children sleep, shall be provided with at least one ward, room, apartment or tent so related to the

living quarters of the institution as to permit therein proper isolation of a case of communicable disease. (Enacted April 7, 1914; amended and renumbered May 1, 1929; and renumbered May 20, 1932, effective September 1, 1932.)

Regulation 22. Handling of food forbidden in certain cases.* No person who suffers from cholera, amebic or bacillary dysentery, streptococcal sore throat (including scarlet fever), paratyphoid fever, poliomyelitis, diphtheria, tuberculosis, or typhoid fever, or is a carrier of the organisms causing diphtheria, amebic or bacillary dysentery, paratyphoid fever, or typhoid fever, shall serve or handle in any manner whatsoever, food intended for sale. (Enacted April 7, 1914; amended May 17, 1917; June 24, 1919; April 27, 1920; May 27, 1920; June 24, 1924; amended and renumbered May 1, 1929; May 20, 1932; amended February 20, 1942; and November 17, 1944, effective January 1, 1945.)

Regulation 23. Destruction of foods in certain cases.* When a case of diphtheria, streptococcal sore throat (including scarlet fever), amebic or bacillary dysentery, paratyphoid fever, poliomyelitis, or typhoid fever exists on any farm or dairy producing milk, cream, butter, cheese, or other foods likely to be consumed raw, the state commissioner of health or the local health officer may destroy or order the destruction of any such foods which in his opinion may have been infected. (Enacted April 7, 1914; amended September 16, 1914; May 17, 1917; June 24, 1919; April 27, 1920; June 24, 1924; amended and renumbered May 1, 1929; May 20, 1932; amended February 20, 1942; and November 17, 1944, effective January 1, 1945.)

Regulation 24. Sale of food forbidden in certain cases.* When a case of diphtheria, streptococcal sore throat (including scarlet fever), amebic or bacillary dysentery, paratyphoid fever, or typhoid fever exists on any farm or dairy producing milk, cream, butter, cheese, or other milk products, no such milk or milk products shall be sold or delivered from such farm or dairy until such time as the local health officer shall have certified on a form prescribed by the state commissioner of health the termination of the period of isolation of the disease occurring on the dairy farm as required in regulations 15 through 17, provided, however, that if the health officer has determined that all the milk or milk products are delivered to a plant in which all the milk or milk products are

(1) pasteurized before delivery to the consumer, or

(2) made into evaporated milk, condensed milk, dried milk or cheese, in the process of which the milk or the product undergoes heating equivalent to pasteurization,

the milk or milk products may be sold or delivered from such farm or dairy upon certification by the local health officer to the manager or other responsible person in charge of the dairy, creamery, plant or shipping station, of the following conditions:

(a) That such milk or milk products are not brought into the house where such case exists; and

(b) That proper isolation of the case of communicable disease has been instituted. (Enacted April 7, 1914; amended September 16, 1914; May 7, 1917; June 24, 1919; April 27, 1920; June 24, 1924; May 5, 1925; amended and renumbered May 1, 1929; amended May 20, 1932; January 19, 1934; January 21, 1938; and November 17, 1944, effective January 1, 1945.)

* See regulation 4, also Labor Law, section 333.

Regulation 25. Cleansing, renovation or disinfection, when required.*

Adequate cleansing, renovation or disinfection of rooms, furniture, clothing and belongings when deemed necessary by the health officer or required by the public health law or by this code shall immediately follow release, death or removal of a person affected with a communicable disease. Such cleansing, renovation or disinfection shall be done under the direction of the health officer. Furniture, bedding, clothing, carpets, rugs or other articles which may have been contaminated with infective material and which are of such nature or in such condition that they cannot, in the opinion of the health officer, be properly cleansed or disinfected, shall upon his order be destroyed in the manner designated by him. (Enacted April 7, 1914; amended and renumbered May 1, 1929; and May 20, 1932, effective September 1, 1932.)

Regulation 26. Chancroid, gonorrhea and syphilis cases to be instructed, forbidden certain occupations, and otherwise restricted. Records not to be disclosed. It shall be the duty of a physician on the occasion of the first visit to or by a person suffering from chancroid, gonorrhea or syphilis to instruct said person in the precautions to be taken to prevent communication of the disease to others, and to inform him of the necessity of continuing treatment until cured, and further to give him a circular of information and advice issued or approved by the state commissioner of health.

No person suffering from the active form of gonorrhea or syphilis shall engage in any occupation involving intimate contact with children.

When a person suffering from chancroid, gonorrhea or syphilis is reported by the attending physician in accordance with the requirements of regulation 2 of this chapter as having discontinued treatment while potentially infectious, the state or local health officer to whom such cases of disease are reportable either personally or through a qualified representative, shall immediately make an investigation and, if in the judgment of the state or local health officer concerned further treatment is necessary to prevent the spread of disease, he shall require the patient to submit to such treatment.†

When a person affected with gonorrhea or syphilis conducts himself so as to become a menace to the health of another person the state or local health officer to whom such cases of disease are reportable may cause his isolation as defined in regulation 14 of this chapter and article XVII-B, section 343-ii of the public health law for such a period as the state or local health officer concerned may deem necessary.

Records of the state department of health or of any local department of health or local health officer having custody of such records or of any laboratory, clinic or other institution relating to cases of chancroid, gonorrhea or syphilis shall be confidential, except that access to such records other than laboratory reports by representatives of official public agencies or non-official agencies concerned with the control of such diseases may be permitted at the discretion of the state or local health officer having custody of such records. A statement that a report has been received from a physician of the existence of chancroid, gonorrhea or syphilis in an individual may be made to an agency as above indicated by a state health officer, or local health officer having custody of chancroid, gonorrhea or syphilis case records, when in his judgment such disclosure will serve the best interest of the patient or his family, or contribute to the protection of the public health. An official or other person to whom such information is furnished or to whom access to such records has been given shall not disclose any such information except insofar as is necessary to serve the best interest of the patient or his family, or contribute

* Thorough cleansing, the use of soap and water, and full exposure to fresh air and sunlight are most efficient means of removing infective material, not only from the walls and floors of rooms, but also from furniture and other articles.

† See Public Health Law, section 343-ii.

to the protection of the public health. (Enacted March 20, 1917; amended May 17, 1917; June 25, 1918; amended and renumbered May 1, 1929; May 20, 1932; amended November 18, 1938; May 19, 1939; and February 20, 1942, effective April 1, 1942.)

Regulation 27. Reported apparent cases of tuberculosis to be investigated; instruction by physician. Upon receiving a duly signed report of a person who appears to be suffering from tuberculosis pursuant to section 25 of the public health law, the state or local health officer to whom such cases are reportable shall cause an examination to be made of the case if it has not been previously reported by a physician as a case of pulmonary tuberculosis and shall take such further measures as may be indicated as a result of such examination; if such a person has been reported to him previously by a physician as one suffering from pulmonary tuberculosis, the state or local health officer concerned shall ascertain promptly whether such physician is maintaining proper sanitary supervision.

It shall be the duty of a physician in attendance on a person affected with active pulmonary tuberculosis to instruct such person or a responsible member of his family not to permit intimate contact of the patient with children nor to engage in any occupation involving the handling of food. (Enacted December 7, 1915; amended and renumbered May 1, 1929; renumbered May 20, 1932; amended November 18, 1938; and February 20, 1942, effective April 1, 1942.)

Regulation 28. Reports of tuberculosis cases confidential.* A state or local health officer authorized by law to receive laboratory or other reports relating to cases of tuberculosis may disclose information contained in such reports only when in his judgment it will serve the best interest of the patient or his family, or contribute to the protection of the public health. Such officer may, subject to the foregoing purposes, permit access to such reports by representatives of official or non-official agencies concerned with the control of tuberculosis. (Enacted February 2, 1915 as part of Chapter VII; transferred and renumbered May 20, 1932; amended November 18, 1938; and June 27, 1944, effective July 15, 1944.)

Regulation 29. Tuberculosis records.† In any action or prosecution for violation of any of the provisions of the public health law, of the sanitary code, or of the ordinances or regulations of any local board of health, the person in charge of tuberculosis records or reports made in pursuance of the provisions of section twenty-five of the public health law may in obedience to a duly issued and served subpoena produce and allow to be placed in evidence the whole or any part of such records insofar as the same shall be deemed relevant by the court or by the judge presiding. (Enacted June 25, 1918 as part of Chapter VII; transferred and renumbered May 20, 1932; and amended November 18, 1938, effective December 1, 1938.)

Regulation 30. Health officer to inspect boarding or lodging houses in certain cases. Every boarding house or lodging house where a person or persons affected with tuberculosis may be boarded or lodged shall be inspected by the health officer of the municipality, whose duty it shall be to see that the requirements of the public health law and the sanitary code are complied with, and to furnish for posting such sections of the sanitary code and the public health law as may be required by the state commissioner of health. It shall be the duty of the proprietor or other person in charge of such boarding or lodging house to post in a conspicuous place such sections of the sanitary

* See Public Health Law, sections 25, 322; and regulation 29.

† See regulation 28.

code and the public health law. (Enacted March 20, 1917 as part of Chapter VIII; renumbered June 27, 1928; transferred, amended and renumbered May 20, 1932, effective July 1, 1932.)

Regulation 31. Carriers of disease germs defined; subject to restrictions.* For the purpose of the public health law and this code a carrier of disease germs is a person in whose secretions or excretions the germs of a communicable disease are present but who does not present clinical evidence of such disease and who has not suffered from such disease within the periods specified herein:

Diphtheria5 weeks
Typhoid fever10 days

Provided that any person, in whose feces or urine or other discharge from the body typhoid bacilli are present, who has not suffered from typhoid fever within one year may be declared by the state commissioner of health to be a chronic typhoid carrier.

A person shall be deemed a carrier of disease germs if

(1) the germs of communicable disease are found in his secretions or excretions by an approved laboratory; or

(2) epidemiological evidence points to such person as the source of one or more cases of communicable disease and such person refuses to submit specimens of his bodily secretions or excretions for laboratory examination; or

(3) such person is reported as a carrier of disease germs to the state department of health by the health authorities of New York city or of any state or nation. (Enacted April 7, 1914; amended April 27, 1920; June 24, 1924; amended and renumbered May 1, 1929; amended October 9, 1929; amended and renumbered May 20, 1932; amended January 21, 1938; February 20, 1942; and October 8, 1943, effective November 1, 1943.)

Regulation 32. Duties of health officers in relation to typhoid carriers. The health officer, upon the determination that a person is a typhoid carrier, shall immediately report the fact to the state department of health giving the full name, age, occupation and address of such carrier, together with any other information relative to possible or probable infection of others. He shall also inform such person, or in the case of a minor, his guardian, that he is a typhoid carrier and shall give instructions in detail as to the precautions to be observed in preventing the spread of typhoid fever. Instructions given by the health officer shall include a copy of regulation 33 of this chapter and directions to wash the hands thoroughly with soap and water immediately after using the toilet and to use individual towels.

The health officer shall inform the head of the household in which a carrier resides that such an individual is a typhoid carrier and of the precautions to be observed, and no persons other than members of the family to which the carrier is immediately related, shall continue to be or become a member of the household in which the typhoid carrier lives, except with the permission of the health officer, and then only after the head of the household has first informed such person, or in the case of a minor, his parent or duly appointed guardian, of the presence of such carrier in the household.

The local health officer, either personally or through a qualified representative, shall visit each typhoid carrier in his jurisdiction at least once in each quarter of every year, in order to assure himself that the requirements of this code† for the control of typhoid carriers are being complied with and

* See Public Health Law, sections 36-a, 326-a.

† See regulation 33.

once in each quarter shall render a report regarding each such carrier to the state department of health upon a form prescribed for that purpose. (Enacted May 20, 1932, effective September 1, 1932.)

Regulation 33. Control of typhoid carriers. (1) The urine and feces of a typhoid carrier shall be disposed of in such a manner that they will not endanger any public or private water supply or be accessible to flies.

(2) No typhoid carrier shall prepare or handle any food or drink to be consumed by persons other than members of the household with whom he resides.

(3) No typhoid carrier shall conduct or be employed in any restaurant, hotel or boarding house.

(4) No typhoid carrier shall reside or be employed in a boarding home for children.

(5) No typhoid carrier shall engage in the occupation of nurse, cook, waiter, nursemaid or in any other occupation involving the handling of milk, cream, milk products, or utensils used in the production thereof.

(6) No typhoid carrier shall be permitted to reside on premises on which one or more cows are kept except under conditions to be prescribed by the health officer, which conditions shall include a written agreement signed by the carrier, or if the carrier be a minor, by his parent or duly appointed guardian and by the owner of the cows or his representative. Such agreement shall stipulate either

(a) that no milk, cream or other dairy products from such premises will be sold, or given away to persons other than members of the household residing on such premises, or

(b) that milk and cream will be sold from such premises only after a special permit is issued by the local health officer and countersigned by the district state health officer and the local health officer of the jurisdiction in which the milk or cream is to be sold, provided, however, that a county health commissioner may issue such permit without the countersignature of the district state health officer. Such permit and agreement shall provide that

(1) the milk or cream be sold only to the individual or firm designated in the permit, which individual or firm restricts its output to a pasteurized product.

(2) the carrier will not engage in any activities involving milking or the handling of milk, cream or dairy utensils, or enter the milk house or barns where the milk-producing cows are kept.

(3) no milk or cream which is to be subsequently sold nor any utensils used in the production of milk or cream shall be brought into the house occupied by the carrier.

(4) no changes shall be made in the source of the water supply or in the system by which it is distributed on the farm, nor in the means of sewage disposal, except with the approval of the local health officer and the district state health officer.

(5) all other members of the carrier's household except those who have had typhoid fever, shall have been vaccinated against typhoid fever.

(7) No typhoid carrier shall change his usual place of abode without first notifying the local health officer giving the proposed new address, and the health officer shall immediately inform the state department of health and the health officer into whose jurisdiction such carrier is to remove. (Enacted May 20, 1932; amended January 19, 1934; and February 20, 1942, effective April 1, 1942.)

Regulation 34. Release of typhoid carriers from control restrictions. A chronic typhoid carrier may be released from restrictions only on approval of the state commissioner of health, and for a chronic carrier in whose feces typhoid bacilli have been found release may be granted only after submission of the following evidence:

- (1) That the gall bladder has been removed;
- (2) That subsequent to the removal of the gall bladder, each of three specimens of the duodenal contents taken in a hospital at intervals of not less than 24 hours, has been examined by the laboratory of the state department of health and found to contain no typhoid bacilli;
- (3) That each of at least eight successive specimens of liquid feces, taken in a hospital on successive days, and under circumstances which do not permit of substitution, has been examined by the laboratory of the state department of health and found to contain no typhoid bacilli. (Enacted May 20, 1932, effective September 1, 1932.)

Regulation 35. Control of diphtheria carriers. (1) The local health officer, upon the discovery of a diphtheria carrier, shall immediately advise the carrier or his guardian of the condition and give detailed instructions regarding the precautions to be observed in the disposal of the secretions of the nose and mouth and in regard to association with other persons. If the carrier be a school child, the health officer shall immediately notify the school medical inspector, superintendent, or principal of the school.

(2) A diphtheria carrier shall not leave the premises upon which he resides except by permission of the health officer, who shall issue such permission only when he is assured that necessary precautions will be taken for the protection of others. No diphtheria carrier shall be granted permission to attend school, church, Sunday school, moving picture show, or other place of public assemblage.

(3) No children shall be permitted to visit premises occupied by a diphtheria carrier.

(4) No milk, cream or milk products shall be sold or given away from a farm producing milk, on which a diphtheria carrier resides or is employed unless the requirements of section 6 (a) or subdivisions 1, 2 and 3 of section 6 (b) of regulation 33 of this chapter have been complied with.

(5) A diphtheria carrier shall be discharged from observation and restrictions when after examination in an approved laboratory, a virulence test shows the organisms to be nonvirulent or when two successive cultures* from the nose and throat, taken at intervals of not less than twenty-four hours, have been found to contain no diphtheria bacilli. (Enacted May 20, 1932 effective September 1, 1932.)

Regulation 36. Duties of undertakers. It shall be the duty of every person taking charge of the preparation for burial of the body of any person to ascertain whether such person died of a communicable disease and if such person died of Asiatic cholera, glanders, plague, smallpox, or typhus fever, it shall be his duty to cause it promptly to be placed in a coffin or casket, which shall then be immediately and permanently closed. This regulation shall not be construed to prohibit the embalming of any such body, but if the body is to be embalmed the undertaker shall cause such embalming to be done immediately upon taking charge of the body, except that, when a permit for embalming is required this shall not proceed until the receipt of such permit. Immediately after the embalming he shall cause such body to be placed in a coffin or casket as hereinabove directed.

* See "Directions Governing Submission of Specimens," pp. 19, 20, 21.

After handling, embalming, or preparing for burial the body of a person dead of a communicable disease, such parts of the person's garments, and utensils or other articles of the undertaker or his assistants, as may have been liable to contamination with infective material, shall be immediately cleansed or disinfected or sterilized.

After handling the body of a person who has died of smallpox, the undertaker or embalmer and any of his assistants shall be subject to the regulations of this code pertaining to smallpox contacts. (Enacted April 7, 1914; amended February 2, 1915; June 24, 1924; amended and renumbered May 1, 1929; May 20, 1932; and amended November 17, 1944, effective January 1, 1945.)

Regulation 37. Importation, breeding, sale or offer of sale of psittacine birds prohibited. The importation, breeding, sale, or offer of sale of birds of the psittacine family is hereby prohibited, provided, however, that the importation and breeding of such birds for scientific research or exhibition in public zoological gardens may be permitted subject to the approval of the state commissioner of health. (Enacted February 18, 1938; amended April 22, 1938; September 22, 1939; and renumbered November 17, 1944, effective January 1, 1945.)

CHAPTER III

Milk and Cream

Regulation 1. Definitions. When used in this chapter the term "milk" means cow's milk or goat's milk, either raw or pasteurized but in its original liquid state except that which is to be used for industrial purposes; the term "cream" means that portion of the milk containing not less than eighteen per centum of milk fat, and in liquid or frozen state; the term "milk products" means skimmed milk, buttermilk, cultured milk, cultured skimmed milk, mineral modified milk, concentrated milk except in hermetically sealed cans, drinks containing milk or skimmed milk or cream, sour cream, or cream to which any substance has been added and for use in fluid state or whipped; the term "milking animal" means milch cow or milch goat; the term "health officer" means the health officer or health commissioner of the municipality in which milk or cream is to be sold or offered for sale; the term "person" means a corporation, association, firm or individual; the term "producer" means a person who maintains milking animals for the purpose of obtaining milk for sale as such; the term "dairy" means the place where such milk is produced; the term "dealer" means a person who sells milk, cream or milk products to the consumer; the term "consumer" means any person who secures milk, cream or milk products to be used as such as a food by himself or others but not for resale except for consumption on the premises where resold or served; the use of milk for industrial purposes means its manufacture into an inedible product; the term "Vitamin D milk" means milk in which the Vitamin D content has been artificially increased to not less than 135 international units per quart as determined by semi-annual bio-assays made in a laboratory approved for the purpose by the state commissioner of health with the number of units stated on the cap or container; the term "bottle" means a container of glass so constructed as to be closed with a plug or lip covering type of milk bottle cap or a container of paper of a type approved by the state commissioner of health for single service use; and the term "hermetically sealed" means tightly sealed by a process of fusion or by a process of wedging or crimping. The terms "standard agar plate method" and "standard direct microscopic method" mean the methods adopted as standard by the state commissioner of health. (Enacted May 6, 1927; amended December 14, 1927; June 28, 1932; December 15, 1933; March 16, 1934; April 14, 1939; May 17, 1940; November 15, 1940; February 26, 1941; October 28, 1943; and December 17, 1943, effective January 1, 1944.)

SECTION A—PERMITS

Regulation 2. Permit required for sale of milk and/or cream and/or milk products. No person shall sell or offer for sale or deliver milk or cream or milk products to consumers, without first having obtained a permit from the health officer, unless such milk or cream or milk product has been obtained from a person holding a permit from the health officer and is to be consumed upon the premises where sold or served. A permit shall be granted only to a person who conforms to the requirements of this code. Permits shall be issued on forms prescribed by the state commissioner of health and the health officer shall transmit within five days a copy of each permit, except storekeepers' permits, to the district state health officer.

All permits shall expire annually on the thirty-first day of December, unless another date is designated by the local board of health, and shall be renewable

on or before such date in each year, except storekeepers' permits which in the discretion of the health officer may continue in effect until suspended or revoked.

A permit may be suspended at any time by the health officer or by the state commissioner of health for violation of the sanitary code or otherwise when deemed by him necessary for the protection of the public health; a permit may be revoked by the health officer or by the state commissioner of health after a hearing on due notice. The health officer may order any person holding a permit to exclude for a specified period the milk from any dairy failing to comply with any of the provisions of this chapter and may suspend the permit of any such person for failure to comply with such order.

A permit for the sale of pasteurized milk and/or pasteurized cream shall be issued only after the health officer has been officially notified that the plant in which such milk and/or cream is pasteurized has been inspected as to apparatus, sanitary conditions and efficiency of operation by an authorized representative of the state department of health and that in these respects at the time of inspection the conditions found were such as to warrant issuance of a permit.

A permit for the sale of "Special A Raw" milk and/or "Special A Raw" cream shall be issued only after the health officer has approved the dairies and bottling plant supplying such milk and/or cream and after due notice thereof to the state commissioner of health, such health officer has been officially notified by said commissioner that such dairies and such plant have been inspected as to apparatus, sanitary conditions and efficiency of operation, by an authorized representative of the state department of health, and that in these respects at the time of inspection the conditions found were such as to warrant issuance of a permit. (Enacted June 16, 1914; amended October 1, 1914; December 7, 1920; amended and renumbered May 6, 1927; amended May 19, 1930; June 28, 1932; December 15, 1933; March 16, 1934; September 24, 1937; April 14, 1939; and November 20, 1942, effective December 1, 1942.)

Regulation 3. Application for permit required. Every person seeking to obtain a permit to sell milk and/or cream and/or milk products shall make a written application in duplicate therefor to the health officer on a form prescribed by the state commissioner of health, in which shall be stated the grade or grades of milk and/or cream proposed to be sold and the estimated quantities of each. The health officer shall transmit the duplicate copy of each application except storekeepers' applications within five days to the district state health officer. The applicant shall furnish the health officer or his authorized representative, upon demand, with the name of each producer, distributor, bottler, pasteurizer or shipper from whom the applicant receives or expects to receive milk or cream, together with the approximate amount to be furnished by each. If a permit be granted he shall thereafter maintain at all times accessible to the health officer or his representative, a complete record including the names and addresses of all persons from whom he at any time directly or indirectly, obtains milk and/or cream, with the approximate amount obtained from each and if obtained for a temporary period, the dates within which it was so obtained. Upon making any change in the source of such supply, he shall give notice thereof to the health officer not less than forty-eight hours before making such change. (Enacted June 16, 1914; amended October 20, 1914; December 7, 1920; amended and renumbered May 6, 1927; amended December 14, 1927; May 19, 1930; June 28, 1932; September 24, 1937; and April 14, 1939, effective July 1, 1939.)

Regulation 4. Inspection to be permitted. Every person engaged in the sale of milk and/or cream shall at any time allow the health officer or his representative or any authorized representative of the state commissioner

of health to make such inspections, take such samples or specimens and examine such records as he may consider necessary for the purpose of carrying out the provisions of this chapter. (Enacted June 16, 1914; amended October 20, 1914; December 7, 1920; amended and renumbered May 6, 1927; amended May 1, 1929; June 28, 1932; and April 14, 1939, effective July 1, 1939.)

Regulation 5. Inspection, bacterial counts and physical examination required. The health officer, before issuing or renewing a permit to sell milk and/or cream shall cause an inspection to be made of every dairy farm where such milk or cream is produced and of every plant in which it is to be received, bottled, pasteurized or otherwise handled, the results to be recorded upon a form or forms prescribed by the state commissioner of health; he shall cause to be made by a licensed veterinarian approved by the state commissioner of health a physical examination of all milking animals producing milk to be sold or offered for sale as milk or as cream. The results of such inspections and examinations shall be recorded on a form or forms prescribed by the state commissioner of health. Records of physical examinations shall be filed with the health officer within three days after such examinations are made. A copy of such record shall also be filed at the plant to which milk is delivered and kept on file for a period of one year and until the record of a succeeding examination is filed. Whenever the veterinarian, upon examination of any milking animal shall consider the milk obtained from such animal to be unwholesome or unfit for human consumption, the milk shall not be sold or used for human consumption and such animal shall be removed from contact with the milking herd and shall not be returned to the milking herd until recovered and the milk obtained from such animal has been found by a licensed veterinarian to be fit for human consumption. The health officer shall also cause to be taken official samples of such milk and cream and shall cause bacterial counts to be made for the purpose of grading and determining whether the condition of such milk and cream is such as to be in compliance with the requirements of this chapter. Bacterial counts to be used for the purpose of grading shall be made by the standard agar plate method upon not less than four samples of milk or cream, each sample to be taken on a different day. Whenever more than one of four successive counts are higher than the limits herein prescribed for the grade, the milk and/or cream shall be considered not to meet grade requirements. Such bacterial counts, to be so used, shall be made only in a laboratory approved for such purpose by the state commissioner of health. Thereafter, at intervals of not more than three months, official samples of milk and cream before pasteurization and as delivered to consumers shall be taken and bacterial counts made. The standard direct microscopic method may be substituted for the standard agar plate method in the grading of milk or cream which has not been pasteurized. An official sample of milk or cream for bacteriological examination shall be one collected by the health officer or his official representative. An official sample of milk and/or cream before pasteurization shall be taken at the receiving station or pasteurizing plant and shall consist (1) of a sample of the mixed milk received on any day taken from the receiving tank or vats, or (2) of a series of weigh vat samples for any day from each producer delivering milk for pasteurization, or (3) of a series of producer samples as hereinafter defined from all producers taken on the same or successive days. Samples of milk from producers shall be considered official when collected from each can of milk delivered by each producer on any day at a shipping station, bottling or pasteurizing plant. Official samples of dealer's milk shall be collected as delivered to the consumer or other dealer but while in the possession of the dealer.

The health officer may, however, in his discretion, accept and use in connection with the issuance of such a permit and subsequent supervision the

reports of the health officer of another municipality or of the state department of health with reference to inspections, bacterial counts and physical examinations of milking animals, when furnished with official records of the results thereof.

The health officer, when convinced that an applicant is complying or will comply with the requirements of this chapter, may in his discretion issue to such applicant a temporary permit to sell milk and/or cream pending the completion of the inspections and the examinations of milk and/or cream samples and of milking animals herein prescribed, or to provide reasonable opportunity for completion of necessary changes in methods or equipment, but such a temporary permit shall not continue in effect more than thirty days. (Enacted June 16, 1914; amended October 1, 1914; December 7, 1920; June 5, 1923; amended and renumbered May 6, 1927; amended December 14, 1927; June 26, 1929; May 19, 1930; June 28, 1932; December 15, 1933; April 14, 1939; and November 15, 1940, effective May 1, 1941.)

Regulation 6. Milk or cream sold or served by stores and public eating places. Except as otherwise provided herein, no milk or cream or milk products shall be sold in any store, market, stand or other public place, unless the proprietor or manager thereof has first obtained a permit from the health officer. Every proprietor or other person in charge of any store, hotel, restaurant, soda fountain, milk bar, roadside stand or other public place where milk or cream is sold or served either alone or, without cooking, in combination with or upon any other drink or food substance, to be consumed on the premises or elsewhere shall, upon demand, furnish the health officer, or his representative, with the names and addresses of all persons from whom he receives milk, cream or milk products.

Such milk or cream as well as that sold in bottles which is not to be consumed on the premises where sold, shall be kept in a suitable clean place at a temperature of 50 degrees Fahrenheit or lower until sold or served. (Enacted June 16, 1914; amended and renumbered May 6, 1927; amended June 28, 1932; December 15, 1933; April 14, 1939; November 15, 1940; April 24, 1942; and June 24, 1942, effective January 1, 1943.)

SECTION B—REQUIREMENTS OF GENERAL APPLICATION

Regulation 7. Construction and maintenance of utensils and apparatus. All pails, cans, containers, pipes, pumps, valves, coolers or other utensils or apparatus used for the collection, treatment or storage of milk or cream shall have smooth inner surfaces and otherwise be so constructed as to be readily cleaned, shall have all seams with which milk or cream comes in contact flush, shall have no threads exposed to milk, and shall be free from dents and rust spots. Pipes, pumps, valves, milking machines and other apparatus shall be so constructed as to be easily inspected, disassembled and cleaned. Coolers shall be maintained free from leaks. Surface coolers shall be provided with suitable covers unless such coolers are located in a well-protected, dust-free room used for no purpose other than the cooling of milk or cream. Stools used during milking shall be so constructed as to be readily cleaned and shall be kept clean. (Enacted May 6, 1927; amended and renumbered June 28, 1932; and amended December 15, 1933, effective July 1, 1934.)

Regulation 8. Containers, utensils and apparatus to be cleaned, sterilized and properly stored. Adequate facilities for the cleansing and sterilization of all utensils, containers and apparatus used in the production, handling, transportation, treatment or storage of milk or cream shall be provided by producers and dealers. All such containers, apparatus and utensils except approved single service containers of a type approved by the state com-

missioner of health shall be thoroughly washed and cleaned immediately after each use and shall be sterilized daily. Washed and sterilized uncovered containers, if stored, shall be inverted until about to be filled and so protected as to prevent contamination.

Parts of equipment, if not immediately reassembled after washing, and all containers and utensils shall be suitably stored to permit drainage and prevent contamination.

Milking machines shall be rinsed after each milking, washed and sterilized. Such machines shall be disassembled at least once each day before washing except when an equally efficient method of cleaning is approved by the health officer. (Enacted June 16, 1914; amended May 14, 1918; amended and renumbered May 6, 1927; June 28, 1932; amended December 15, 1933; May 17, 1940; and November 15, 1940, effective May 1, 1941.)

Regulation 9. Receptacles to be kept in sanitary condition. When to be condemned and seized. Every can or other vessel used to contain milk or cream shall be kept constantly in a clean and sanitary condition. When emptied and before being returned to a producer by a bottling, pasteurizing or shipping plant every such can or other vessel shall be effectively cleansed and sterilized. The local health officer or his representative shall condemn any such can or other vessel found by him to be in such condition that it cannot by washing be rendered clean and sanitary.

It shall be the duty of all persons to whom milk or cream is delivered to clean thoroughly the containers in which such milk or cream is delivered, before returning such containers. (Enacted June 16, 1914; amended May 14, 1918; amended and renumbered May 6, 1927; June 28, 1932; and amended November 15, 1940, effective May 1, 1941.)

Regulation 10. Suitable water supply to be provided. An adequate water supply of a safe sanitary quality shall be provided for the washing and cleansing of utensils, containers and apparatus used in the handling of milk or cream and in bottling and pasteurizing plants for cooling milk or cream. No privy, cesspool, pile of manure, stable or other source of pollution shall be located in such proximity to the source of water supply as to make the pollution of the same probable. (Enacted May 6, 1927; amended and renumbered June 28, 1932; and amended December 15, 1933, effective July 1, 1934.)

Regulation 11. Suitable flush closets or sanitary privies to be provided. Satisfactory flush closets or sanitary privies shall be provided at dairy farms and at all plants where milk or cream is handled. (Enacted June 28, 1932, effective September 1, 1932.)

Regulation 12. Milk and cream to be kept cold. All dairy farms, shipping stations, bottling and pasteurizing plants shall have adequate facilities for the proper cooling and storing of milk or cream. Milk to be labeled or designated as Special A Raw or Grade A Raw, shall be cooled immediately after milking to a temperature of 50 degrees Fahrenheit or less, except morning's milk which is to be delivered to a shipping station, bottling or pasteurizing plant before eight A. M. standard time, or between December first and April first, before nine A. M. and night's milk which is to be so delivered immediately. Milk to be labeled or designated as Grade A Pasteurized shall be cooled immediately after milking to a temperature of 60 degrees Fahrenheit or lower, except morning's milk which is to be delivered to a shipping station, bottling or pasteurizing plant before nine A. M. and night's milk which is to be so delivered immediately. After cooling the milk shall be maintained at or below the temperatures specified above until delivery to the plant or shipping station. Milk from each farm shall be delivered to the milk plant in separate containers.

After delivery to a shipping station, bottling or pasteurizing plant all milk and/or cream shall be maintained at a temperature of 50 degrees Fahrenheit or lower until delivery to the consumer, except during processing requiring the heating of the milk or cream.

Bottled milk or cream, if stored in water, shall be so stored that the tops of the bottles will not be submerged. (Enacted June 16, 1914; amended and renumbered May 6, 1927; amended May 19, 1930; amended and renumbered June 28, 1932; amended March 16, 1934; April 14, 1939; and November 15, 1940, effective May 1, 1941.)

SECTION C—PRODUCTION

Regulation 13. Sale of certain milk prohibited. No milk or cream shall be sold or offered for sale other than that which is fresh, clean, obtained from healthy milking animals, and free from any bloody, stringy or abnormal milk and free from colostrum. (Enacted May 6, 1927; amended May 19, 1930; renumbered June 28, 1932; amended December 15, 1933; and April 14, 1939, effective July 1, 1939.)

Regulation 14. Mastitis. The producer shall exercise constant vigilance to detect promptly the existence in any milking animal of any inflamed condition of the udder or teats. Upon occurrence of mastitis, garget or other inflamed condition of the udder or teats of a milking animal, the dairyman shall immediately exclude the milk from such milking animal. (Enacted May 19, 1930; amended November 14, 1931; amended and renumbered June 28, 1932; and amended April 14, 1939, effective July 1, 1939.)

Regulation 14-a. Illness among milk handlers. No person suffering from sore throat, discharging sores, or any illness involving fever shall be permitted to milk or to handle milk or milk utensils until he has been examined by a physician and determined not to be suffering from any infection communicable through milk. (Enacted April 14, 1939, effective July 1, 1939.)

Regulation 15. Stables and yards to be kept in sanitary condition. Stables in which milking animals are housed shall be kept clean. The floors, beds and gutters shall be of concrete or similar impervious material and watertight. The ceilings shall be dust-tight and both walls and ceilings shall be white-washed at intervals of not more than one year or painted once every two years and shall be kept free from dust and cobwebs. Adequate lighting and ventilation shall be maintained. Manure shall be removed at least once daily and so disposed of that the milking animals will not have access thereto. Liquid matter shall at no time be allowed to accumulate under or around the stable, except in properly constructed receptacles. The yard for milking animals shall be properly drained.

No hogs, pigeons or fowls shall be permitted in the stable. Nothing herein contained shall be deemed to prohibit the use of straw sheds into which milking animals are turned for exercise providing that such straw sheds are well lighted and are bedded frequently with clean fresh straw. (Enacted May 6, 1927; amended December 14, 1927; amended and renumbered June 28, 1932; amended December 15, 1933; April 14, 1939; and November 15, 1940, effective May 1, 1941.)

Regulation 16. Milking animals and hands of milker to be clean. Long hairs on the flanks, udders and tails of milking animals, except the brushes of the tails, shall be kept clipped. All milking animals shall be clean at time of milking. The hands of milkers shall be clean and dry at the time of milking. (Enacted* May 6, 1927; amended December 14, 1927; amended and renumbered June 28, 1932; and amended April 14, 1939, effective July 1, 1939.)

* As a separate regulation.

Regulation 17. Milk house or milk room to be provided. A properly constructed, lighted and ventilated milk house or milk room shall be provided and used exclusively for the handling of milk. It shall not open directly into a stable or into any room used for domestic purposes and shall be maintained in a clean condition and kept free from flies. Milk shall be removed from the stable as soon as the milking pail is filled and shall be immediately strained in the milk house or room. Only sterilized single service strainer discs shall be used.

The floors of milk houses constructed, reconstructed or extensively altered after July 1, 1934 shall be of concrete or similar impervious material. Such milk houses excepting those having walls of smooth masonry shall be ceiled in such a manner as to be easily cleaned. Unless another approved refrigerating system is used, a cooling vat with hinged cover and of sufficient capacity to cool adequately the milk produced shall be provided in such milk houses. Adequate metal racks shall be provided and used for the storage of containers and utensils unless a satisfactory drying chamber is provided and used. (Enacted May 6, 1927; amended December 14, 1927; amended and renumbered June 28, 1932; and amended December 15, 1933, effective July 1, 1934.)

Regulation 18. Tuberculin test, Bang abortion disease and mastitis. Whenever milk or cream is to be sold as from tuberculin tested milking animals, all animals in the herd shall be given a tuberculin test annually, except when, in an accredited county, a longer period is approved by the commissioner of agriculture and markets under the accredited herd plan, such test to be made by a veterinarian approved by the state department of agriculture and markets and to be conducted in accordance with the provisions of the agricultural laws of the state of New York. No animal shall be added to the herd at any time unless it has passed the tuberculin test, and the milk or cream from any milking animal giving a positive reaction to such test shall be excluded from sale as milk or cream from tuberculin tested milking animals.

In herds producing milk to be designated as Certified or Certified-Pasteurized the tuberculin test shall be applied at intervals of not less than six months except when no additions are made to fully accredited herds and a longer interval is approved by the state commissioner of health. A copy of the record of the tuberculin test shall be filed at the plant to which milk is delivered and shall be kept on file and accessible to the health officer for one year and until the record of a succeeding test is filed.

Whenever milk or cream is to be sold as from milking animals free from Bang abortion disease, either the herd shall be placed under the official *Brucella abortus* blood testing program supervised by the United States department of agriculture and the New York state department of agriculture and markets or samples of blood from all animals in the herd shall be taken and examined by the *Brucella abortus* agglutination test in a laboratory approved for such purpose by the state commissioner of health and the results reported to the health officer. Unless tests are being made under the department of agriculture plan, such tests shall be made at intervals of not more than three months, unless after repeated tests showing no reacting animals in the herd a longer period be approved by the state commissioner of health. All animals providing blood specimens which show an agglutination with *Brucella abortus* antigen in a dilution of one to one hundred or greater shall be considered as infected with Bang abortion disease. In herds producing milk to be sold or offered for sale as Certified, Certified-Pasteurized, Special A Raw or Grade A Raw milk or cream, milking animals infected with Bang abortion disease shall be immediately removed from the milking herd and the milk from such animals shall be excluded from sale

as Certified, Certified-Pasteurized, Special A Raw or Grade A Raw milk or cream.

Whenever milk or cream is to be sold as from milking animals free from mastitis all milking animals showing any evidences of mastitis upon physical examination by a licensed veterinarian are to be excluded from the milking herd and not readmitted while showing evidences of mastitis and the first streams of milk from each teat of each milking animal at each milking shall be milked through a fine metal mesh or dark colored cloth for the purpose of detecting abnormal milk and such fore-milk shall be discarded. When any abnormal fore-milk is detected in any portion of the udder, the milk from that milking animal shall be excluded and such animal shall be excluded from the milking herd and subjected to a physical examination by a licensed veterinarian and shall not be readmitted to the milking herd without the approval of the veterinarian after reexamination. (Enacted* May 7, 1927; amended December 14, 1927; May 19, 1930; amended and renumbered June 28, 1932; amended December 15, 1933; January 19, 1934; March 16, 1934; October 18, 1935; and April 14, 1939, effective July 1, 1939.)

SECTION D—SHIPPING STATIONS, BOTTLING AND PASTEURIZING PLANTS

Regulation 19. Buildings. Rooms or buildings in which milk or cream is received, bottled, pasteurized or stored and/or in which milk or cream containers are washed and sterilized shall be suitable for such purpose, well lighted and ventilated and kept clean and free from flies and shall not open directly into a stable or into any room used for domestic purposes. The floors shall be watertight and impervious, well drained and proper disposal of drainage provided. The walls and ceilings of such room shall be of tight construction. A separate room shall be provided in which cans, bottles and other utensils shall be received and cleaned except in plants where all washing operations are completed before any pasteurizing or bottling operations are commenced. Nothing in this regulation shall be interpreted as preventing farmers' cans from being washed in the receiving room. (Enacted* May 6, 1927; amended December 14, 1927; amended and renumbered June 28, 1932; and amended December 15, 1933, effective July 1, 1934.)

Regulation 20. Facilities for washing hands to be provided and used. Conveniently located washing facilities, including running water, soap and individual sanitary towels shall be provided and used. All persons carrying on work which may bring their hands in contact with milk or cream or with sterilized surfaces with which either milk or cream may come in contact, shall keep their hands clean while so engaged. (Enacted June 28, 1932, effective September 1, 1932.)

Regulation 21. Bottling and capping machines to be provided and used. No milk or cream shall be bottled except by means of mechanical bottle fillers and cappers. Such bottle fillers shall be covered with suitable tight fitting covers while in use. Caps shall be procured in sanitary tubes and kept therein in a clean place until used. (Enacted* May 6, 1927; amended May 19, 1930; and amended and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 22. Pasteurization defined. No milk or cream shall be labeled or designated as pasteurized unless

(a) Every particle of such milk or cream has been subjected to a temperature of 143 degrees Fahrenheit or more continuously for not less than

* As a separate regulation.

thirty minutes in pasteurizing apparatus of a type approved by the state commissioner of health, or

(b) Every particle of such milk and/or cream is subjected to a temperature of 160 degrees Fahrenheit or more continuously for not less than fifteen seconds in pasteurizing apparatus of a type approved by the public health council and installed under the written permission of the state commissioner of health. (Enacted June 16, 1914; amended October 5, 1915; December 7, 1920; January 9, 1923; June 5, 1923; February 10, 1925; amended and renumbered May 6, 1927; amended December 14, 1927; March 14, 1928; May 20, 1932; amended and renumbered June 28, 1932; and amended December 15, 1933, effective July 1, 1934.)

Regulation 23. Pasteurizing equipment and operation. All pasteurizing plants shall be so equipped and operated that the milk and/or cream shall conform to the requirements of this code.

Pasteurizers shall be protected against leakage of unpasteurized milk into the holding compartment during the holding and emptying periods, shall be protected against a leakage of milk into the outlet line during the filling and holding periods by a method approved by the state commissioner of health, shall be free from foam having a temperature of less than 143 degrees Fahrenheit during the holding period, and shall be provided with suitable tight fitting covers kept closed during operation and so constructed that anything on the covers will not drop into the milk or cream when the covers are in either their open or closed position.

Every pasteurizing plant in which milk or cream is heated to the pasteurizing temperature before being introduced into the holder shall be equipped with a suitable automatic temperature controlling device which shall be so installed as to regulate effectively the temperature of the milk or cream during the heating period.

Each high-temperature, short-time pasteurizer shall be equipped either with an automatic milk pump stop or with a flow diversion valve. Such pump stop or flow diversion valve shall be kept, at all times, in proper working order and adjustment so that it will immediately stop the flow of milk or cream through the apparatus or divert such flow for reheating when the temperature of the heated milk or cream at the pump stop or flow diversion control bulb reaches 160 degrees Fahrenheit during descending temperatures and shall not start the flow to the cooler until a temperature of 160 degrees Fahrenheit is reached during ascending temperatures. Such bulb shall be so placed that any milk or cream passing the bulb will be held at least fifteen seconds by test before being discharged.

Regenerative and surface coolers and heaters shall be so constructed and maintained as to prevent any unpasteurized milk or cream from mixing with pasteurized milk or cream.

Each pasteurizing apparatus shall be equipped with an accurate indicating thermometer and temperature recording device of a type approved by the state commissioner of health.

Indicating thermometers shall be of the liquid-filled stem or angle type installed as approved by the state commissioner of health. Such thermometers shall have at least 1/16 inch scale divisions per degree, shall have a mark etched in the glass at pasteurizing temperature and shall be accurate at that temperature.

Recording thermometers shall be built to use charts having not less than 1/16 inch scale divisions per degree within three degrees above and below pasteurizing temperature on the standard 12 hour chart and shall be properly installed and accurate at such temperature. Such charts shall be dated daily, kept on file for at least ninety days, and shall be changed daily; except that with the written permission of the health officer, records for

more than one day may be placed on a chart. All recording thermometers shall be checked against the indicating thermometers daily by the plant operator and shall be kept in good operating condition. The location of the bulbs of recording thermometers in the milk or cream shall be subject to the approval of the state commissioner of health. (Enacted June 28, 1932; amended December 15, 1933; April 14, 1939; and November 15, 1940, effective May 1, 1941.)

Regulation 24. Protection of pasteurized milk and cream. Pasteurized milk and cream:

Shall be removed from the pasteurizer only through a closed system of sanitary milk piping;

Shall be immediately cooled to a temperature of 50 degrees Fahrenheit or lower and immediately placed in clean, sterilized containers which shall immediately be capped or tightly covered;

Shall not be discharged through pipes, pumps and/or equipment which have been previously used for unpasteurized milk and have not been subsequently sterilized;

Shall not be strained or filtered except through a metal strainer which is so arranged as to be a part of and sterilized with the bottling machine.

Milk shall not be repasteurized.

Milk shall not be transferred after pasteurization to another plant or place to be bottled except after approval by the state commissioner of health upon recommendation of the health officer. (Enacted June 28, 1932; amended December 15, 1933; and March 16, 1934, effective July 1, 1934.)

SECTION E—GRADES

Regulation 25. Designations of milk. No milk shall be sold or offered for sale unless it shall bear prominently one and only one of the following designations:

Certified-Pasteurized
Grade A Pasteurized
Certified
Special A Raw
Grade A Raw

No false, ambiguous or misleading word, term or design shall appear on any cap or tag containing such designation, nor upon the containers.

The caps or tags on the containers or if caps are not used, the containers shall bear the grade designation in the exact form and size designated by the state commissioner of health. The name and address of the dealer shall also appear upon the cap, tag, or container. No printed or other matter appearing on the cap, tag or container shall be so placed as to obscure the grade designation and name and address of the dealer which shall be clearly visible without the removal of an outer cap or covering.

When cans of raw milk are carried in the same truck or stored in the same place as cans of pasteurized milk, cream or milk products each can of raw milk shall be clearly labeled "Raw."

No unused caps or tags shall be kept in any store in which milk or cream is sold nor on any vehicle while in use for the delivery of milk or cream, nor on any person while engaged in delivering milk or cream.

All milk shall be delivered to the consumer in bottles except that with the written permission of the health officer, milk in receptacles containing ten quarts or more, properly labeled as to grade and destination and with covers sealed, may be delivered and sold to hospitals, institutions, camps, hotels, restaurants and other public eating places to be consumed on the

premises but not to be dispensed in bottles, and except that with the written permission of the health officer, such milk may be sold to customers in quantities of six quarts or less at the dairy or pasteurizing plant in containers provided by such customers.

No milk shall be held, kept, offered for sale, transported or delivered in any municipality or health district, for consumption in such municipality or health district, except milk to be pasteurized which is enroute to or stored at approved plants, unless such milk meets the requirements of this chapter and of local health regulations, if any, for a grade of milk permitted to be sold in such municipality or health district.

Certified-Pasteurized. No milk shall be labeled or designated as Certified-Pasteurized unless before pasteurization it conforms to the requirements of this chapter for "Certified" milk, is pasteurized in accordance with the requirements of this chapter and is so produced, handled and cooled as to give before pasteurization a bacterial colony count of not more than 10,000 per cubic centimeter and unless it shall give at any time after pasteurization and previous to delivery to the consumer a bacterial colony count of not more than 500 per cubic centimeter.

Such milk shall be delivered to the consumer in bottles filled and capped at the dairy, except as hereinbefore provided. The caps used shall completely cover the pouring lips of the bottles.

Grade A Pasteurized. No milk shall be labeled or designated as Grade A Pasteurized unless it is so produced, handled and cooled as to give before pasteurization a bacterial colony count of not more than 200,000 per cubic centimeter at the place of production and shipping station and of 400,000 at the pasteurizing plant if shipped by rail or tank truck to such plant, and unless it shall give at any time after pasteurization and previous to delivery a colony count of not more than 30,000 per cubic centimeter.

Such milk shall be delivered to the consumer in bottles filled and capped at the place of pasteurization, except as hereinbefore provided.

Certified. No milk shall be labeled or designated as Certified unless it is so produced, handled and cooled as to give at any time previous to delivery to the consumer a bacterial colony count of not more than 10,000 per cubic centimeter according to official samples taken and examined at intervals of not more than one week and unless it conforms to the requirements of this chapter, and is produced under the supervision of a milk commission appointed by a medical society chartered by the medical society of the state of New York and registered with the names and addresses of its members, with the state department of health.

No milk shall be so labeled or designated unless such milk is from milking animals which have passed the tuberculin test, are free from Bang abortion disease and from mastitis and are given a physical examination by a licensed veterinarian at intervals of not more than one month. Each milking animal used in the production of Certified milk shall be ear-marked with a permanent identification number and a complete record of all tests and examinations shall be made in a herd record book which is at all times accessible to the health officer.

No milk shall be so labeled or designated unless all employees at the dairy (1) are shown before employment, by the examination of body discharges in an approved laboratory, to be free from the germs of diseases which may be milkborne, (2) are given a physical examination weekly by a licensed physician and (3) thoroughly wash and scrub their hands immediately before engaging in milking or in any operation that may bring their hands in contact with milk or with sterilized surfaces of containers or equipment.

No milk shall be so labeled or designated unless suitable separate rooms

are provided for receiving milk, for carrying on the work of washing and sterilizing the utensils and bottles and for carrying on bottling operations.

Each county medical milk commission shall report to the state commissioner of health on a form prescribed by said commissioner at least once in each month the results of examinations, tests and inspections made during the preceding month.

Failure on the part of any county medical milk commission or its employees to comply with the requirements of this chapter shall be deemed sufficient ground for refusal by the health officer to issue a permit for the sale of Certified milk based upon its certification.

Such milk shall be delivered to the consumer within thirty hours after milking in bottles filled and capped at the dairy, except as hereinbefore provided. The caps used shall completely cover the pouring lips of the bottles.

Special A Raw. No milk shall be labeled or designated as Special A Raw unless it is obtained from milking animals which have passed the tuberculin test, and are free from Bang abortion disease, and are free from mastitis, and are subjected to physical examination by a licensed veterinarian at intervals of not more than three months. Such milk shall be so produced, handled and cooled as to give at any time previous to delivery to the consumer a bacterial colony count of not more than 10,000 per cubic centimeter according to official samples taken and examined at intervals of not more than one month. Whenever a bacterial colony count exceeds 10,000 per cubic centimeter the health officer shall cause official samples to be collected and examined at intervals of not more than one week until two successive counts do not exceed 10,000.

No milk shall be labeled or designated as Special A Raw unless all employees at the dairy have been examined and certified by a physician, approved by the health officer, as being free from any disease or condition which may be communicated through milk. Such examination shall, in each instance, include careful questioning as to the occurrence of enteric diseases or other ailments in the past and an examination of the arms, hands and other exposed parts of the body for suppurating lesions. When there is reason to suspect the existence of a carrier condition or other infection communicable through milk, it shall include the taking of appropriate laboratory specimens and their examination in a laboratory approved by the state commissioner of health for such examinations.

An accurate and complete report of the supervisory procedures carried on by the health officer shall be submitted by such health officer to the state commissioner of health promptly each month on a form prescribed by the commissioner.

Such milk shall be delivered within thirty-six hours after milking in bottles filled and capped at the dairy or at a bottling plant handling only milk meeting the requirements of this chapter for Special A Raw milk, except as hereinbefore provided.

Grade A Raw. No milk shall be labeled or designated as Grade A Raw unless it is obtained from milking animals which have passed the tuberculin test, and is so produced, handled and cooled as to give at any time previous to delivery to the consumer a bacterial colony count of not more than 10,000 per cubic centimeter.

Such milk shall be delivered within thirty-six hours after milking, in bottles only, except as hereinbefore provided.

No milk shall be labeled or designated as Grade A Raw unless it is obtained from milking animals free from Bang abortion disease. (Enacted June 16, 1914; amended March 4, 1915; October 5, 1915; January 9, 1917; March 1, 1918; January 10, 1919; November 18, 1919; June 24, 1924; amended and renumbered May 6, 1927; amended December 14, 1927; May 19, 1930; Novem-

ber 14, 1931; amended and renumbered June 28, 1932; amended December 15, 1933; January 19, 1934; February 23, 1934; March 16, 1934; October 18, 1935; September 18, 1936; April 14, 1939; May 17, 1940; November 15, 1940; and February 26, 1941, effective May 1, 1941.)

Regulation 26. Designations of cream. No cream shall be sold or offered for sale unless it shall bear prominently one and only one of the following designations:

Certified-Pasteurized
Grade A Pasteurized
Certified
Special A Raw
Grade A Raw

No false, ambiguous or misleading word, term or design shall appear on any cap or tag containing such designations, nor upon the containers.

The caps or tags on the containers or if caps are not used, the containers shall bear the grade designation in the exact form and size designated by the state commissioner of health. The name and address of the dealer shall also appear upon the cap, tag, or container. No printed or other matter appearing on the cap or tag shall be so placed as to obscure the grade designation and name and address of the dealer which shall be clearly visible without the removal of an outer cap or covering.

When cans of raw cream are carried in the same truck or stored in the same place as cans of pasteurized milk, cream or milk products each can of raw cream shall be clearly labeled "Raw."

All cream shall be delivered to the consumer in bottles except that with the written permission of the health officer cream of any grade except Certified may be delivered and sold in other containers to hospitals, institutions, camps, hotels, restaurants and other public eating places to be consumed on the premises, provided that such containers are properly labeled as to grade and destination and have their covers sealed.

No cream shall be held, kept, offered for sale, transported or delivered in any municipality or health district, for consumption in such municipality or health district, except manufacturing cream and cream to be pasteurized which is enroute to or stored at approved plants, unless such cream meets the requirements of this chapter and of local health regulations, if any, for a grade of cream permitted to be sold in such municipality or health district.

Certified-Pasteurized. No cream shall be labeled or designated as Certified-Pasteurized unless it has been obtained from milk conforming to the requirements of this chapter for Certified-Pasteurized and unless such cream will give at any time after pasteurization and previous to delivery to the consumer a bacterial colony count of not more than 2,500 per cubic centimeter.

Such cream shall be delivered to the consumer in bottles filled and capped at the place of pasteurization, except as hereinbefore provided. The caps used shall completely cover the pouring lips of the bottles.

Grade A Pasteurized. No cream shall be labeled or designated as Grade A Pasteurized unless it has been obtained from milk conforming to the requirements of this chapter for Grade A Pasteurized and unless such cream will give at any time before pasteurization a bacterial colony count of not more than 250,000 per cubic centimeter if pasteurized at the place of separation and not more than 500,000 per cubic centimeter at the pasteurizing plant if the cream is shipped by rail or truck to such plant and after pasteurization and previous to delivery to the consumer a bacterial colony count of not more than 100,000 per cubic centimeter.

Certified. No cream shall be labeled or designated as Certified unless it has been obtained from milk conforming to the requirements of this chapter for Certified milk and unless such cream will give at any time previous to delivery to the consumer a bacterial colony count of not more than 50,000 per cubic centimeter.

Such cream shall be delivered to the consumer within forty-eight hours after milking.

Special A Raw. No cream shall be labeled or designated as Special A Raw unless it has been obtained from milk conforming to the requirements of this chapter for Special A Raw milk and unless it will give at any time previous to delivery to the consumer a bacterial colony count of not more than 50,000 per cubic centimeter.

Such cream shall be delivered to the consumer within forty-eight hours after separation.

Grade A Raw. No cream shall be labeled or designated as Grade A Raw unless it has been obtained from milk conforming to the requirements of this chapter for Grade A Raw milk and unless it will give at any time previous to delivery to the consumer a bacterial colony count of not more than 200,000 per cubic centimeter.

Such cream shall be delivered to the consumer within seventy-two hours after separation. (Enacted June 16, 1914; amended March 4, 1915; October 5, 1915; January 9, 1917; March 1, 1918; January 10, 1919; November 18, 1919; June 24, 1924; amended and renumbered May 6, 1927; amended December 14, 1927; May 19, 1930; November 14, 1931; amended and renumbered June 28, 1932; amended December 15, 1933; March 16, 1934; October 18, 1935; September 18, 1936; April 14, 1939; and November 15, 1940, effective May 1, 1941.)

SECTION F—MISCELLANEOUS

Regulation 27. Certain persons prohibited from handling milk or cream. No person affected with any communicable disease which may be transmitted through milk, or who is a carrier of the germs of such a disease shall act as a milker, bottler, washer or in any other capacity in connection with the handling of milk or cream or of any apparatus or equipment used in the handling, storing, bottling, pasteurizing or delivery of milk or cream and this prohibition shall also apply to any person who acts as nurse, cook, laundress or in any way comes in contact with a person affected with such a communicable disease.

No person who is a carrier of the germs of typhoid fever shall reside on any dairy farm producing milk or cream except with the written permission of the health officer and subject to such conditions and restrictions as he shall prescribe. Failure on the part of such a carrier residing on a dairy farm under permit from the health officer to observe the prescribed conditions and restrictions may be deemed to be cause for exclusion from sale of milk and cream produced upon such dairy farm. (Enacted May 6, 1927; and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 28. Physical examinations to be permitted. All persons engaged in handling milk and/or cream shall submit to the health officer such specimens of body discharge for laboratory examinations as such health officer may require, either previous to employment or at any time thereafter, such specimens to be examined in an approved laboratory; and such persons shall allow the health officer or his representative or any authorized representative of the state commissioner of health to make such physical examinations as he may require. A person holding a permit for the sale of milk or cream

shall not employ an individual refusing to undergo such examination or to submit such specimens; nor shall such person accept milk or cream from any dairy whereon any individual refuses to undergo such examinations or to submit such specimens. (Enacted May 6, 1927; amended May 19, 1930; and amended and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 29. Sediment tests to be made. A sediment tester shall be used in all receiving and pasteurizing plants. All milk received at any such plant shall be tested by the person having the management and control of such receiving or pasteurizing plant or his representative at least once each month. The results of such tests shall be recorded and either posted in a conspicuous place or returned to the producer.

If the milk is found repeatedly to be dirty, such milk shall be excluded from sale and the health officer notified of such exclusion. (Enacted May 6, 1927; amended December 14, 1927; and amended and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 30. Milk, cream or milk products shipped into New York state. No milk, cream or milk products which has been shipped into the state of New York shall be sold or offered for sale unless such milk or cream or milk products has been produced and handled in conformity to the requirements of this code, has been subject to the same standards of supervision and inspection as are required for milk or cream or milk products produced within the state, and at the time of delivery conforms to the provisions of this code. (Enacted May 6, 1927; amended May 19, 1930; amended and renumbered June 28, 1932; and amended April 14, 1939, effective July 1, 1939.)

Regulation 31. Local authorities may enact supplementary regulations. The local authorities empowered to enact health ordinances or regulations may in their discretion:

(1) Abolish grades of raw milk or cream as enumerated in regulations 25 and 26 of this chapter;

(2) Require that milk or cream served in public places for consumption on the premises shall be purchased and served in or from bottles only or served only from a dispensing device approved by the state commissioner of health;

(3) Require the use of hood or cover caps on milk bottles;

(4) Enact supplementary regulations relating to payment of fees, display of identifying numbers or information on delivery vehicles or establishing other requirements for administrative purposes but not relating, except as above, to dairy farms or milk plants or their equipment or to methods of producing or processing milk, cream or milk products. (Enacted June 16, 1914; amended July 10, 1917; April 20, 1922; amended and renumbered May 6, 1927; June 28, 1932; amended April 21, 1933; and November 19, 1943, effective January 1, 1944.)

Regulation 32. Milk products. All milk products shall be made from milk or cream as herein defined and meet the applicable requirements of this chapter for milk or cream of a grade permitted to be sold in the municipality where sold or offered for sale. Such milk products shall be bottled and capped mechanically, except that with the written permission of the health officer sales and deliveries may be made in containers other than bottles.

Milk products shall bear on the outer cap or container the name of the product and the designation "Raw" or "Pasteurized" as the case may be and the name and address of the dealer which shall be clearly legible.

The regulations of this chapter shall not apply to milk products which have been sterilized in the final sealed container. (Enacted June 28, 1932; amended December 15, 1933; April 14, 1939; December 17, 1943; and February 18, 1944, effective March 1, 1944.)

Regulation 33. Exceptions. (1) Those municipalities in which on May 6, 1927, there were in operation ordinances or regulations providing for a single grade or class of pasteurized milk and a single grade or class of unpasteurized milk other than Certified and prescribing other designations therefor, which ordinances or regulations as in force May 6, 1927 or by amendment adopted prior to July 1, 1928, established standards not lower than those established by this chapter, are hereby given authority to continue the system of grading or classification prescribed by such ordinances or regulations, except that the standards for unpasteurized milk shall not be lower than the standards herein prescribed for Special A Raw milk.

(2) Except as hereinbefore provided no milk and/or cream shall be sold or offered for sale in any city or incorporated village having a population of 15,000 or more according to the last federal census, nor after July 1, 1937, in any city or incorporated village having a population of 10,000 or more, nor after January 1, 1940 in any city or incorporated village having a population of 7,500 or more, unless it shall bear one and only one of the following designations:

Certified-Pasteurized
Grade A Pasteurized
Certified
Special A Raw

(3) In a rural community the health officer may issue a provisional permit for the sale of milk or cream, notwithstanding failure or inability on the part of the applicant to comply with certain requirements of this chapter when in his best judgment such compliance is impracticable. The issuance of such a provisional permit shall be subject to the following conditions:

(a) There is no person holding a regularly issued permit from the health officer from whom it is practicable for consumers to obtain a regular supply of milk.

(b) The milk and/or cream shall be delivered to consumers in individual containers filled at the place of production.

(c) The provisional permit shall be on a form prescribed by the state commissioner of health, shall bear prominently the word "uninspected" and shall be conspicuously displayed at the place of production.

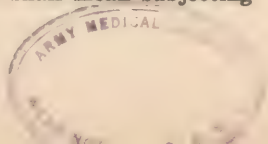
(d) Such milk and/or cream shall not bear any grade designation other than "uninspected."

(e) The application for such permit shall have been endorsed in writing by the district state health officer.

Such provisional permits shall expire annually on the thirty-first day of December, unless another date be designated by the local board of health and shall be renewable on or before such date in each year.

A provisional permit may be revoked at any time by the health officer or by the state commissioner of health, if in the judgment of either its continuance is no longer necessary or desirable. (Enacted December 14, 1927; amended June 27, 1928; amended and renumbered June 28, 1932; amended December 15, 1933; January 19, 1934; March 16, 1934; October 18, 1935; September 18, 1936; April 14, 1939; and November 15, 1940, effective May 1, 1941.)

Regulation 34. Definitions relating to cheese. The term "cheese" as used in regulations 34, 35, 36, 37 and 38 of this chapter shall mean cheddar and cheddar type cheese, (including the stirred type, Colby cheese and washed curd cheese) in its original form or when prepared as processed cheese or so-called cheese blends, cheese foods or cheese spreads. The terms "milk," "skim milk," and "cream" shall mean, respectively, cow's or goat's milk and skim milk or cream derived therefrom. Pasteurization shall mean subjecting



every particle of milk, skim milk, cream or cheese to a temperature of not less than 143 degrees Fahrenheit continuously for 30 minutes or more or to a temperature of not less than 160 degrees Fahrenheit for 15 seconds or more or if approved in writing by the state commissioner of health to a temperature for a length of time which in his judgment gives equivalent treatment. (Enacted October 20, 1944; and amended November 17, 1944, effective December 15, 1944.)

Regulation 35. Cheese to be pasteurized or aged. No person manufacturing cheese or handling cheese as a wholesaler, assembler or broker in the state of New York and no person obtaining cheese from outside the state shall release any cheese to the retail trade or to consumers unless such cheese has been pasteurized or has been allowed to ripen or cure at a temperature of not less than 35 degrees Fahrenheit for a period of not less than 60 days from date of manufacture or has been manufactured from milk, skim milk or cream which has been pasteurized. (Enacted October 20, 1944, effective November 15, 1944.)

Regulation 36. Cheese to be labeled. The manufacturer shall imprint on each cheese, his name and address or an equivalent identifying number or symbol, together with the word "pasteurized" if said cheese is pasteurized or is made from pasteurized milk, skim milk or cream, or, if not pasteurized, with the date of manufacture. The manufacturer shall have such information imprinted on each box, carton, jar and package of packaged cheese but may substitute for the date on packaged unpasteurized cheese a statement to the effect that the contents have been aged for 60 days or more. All labels shall be affixed by the manufacturer at the place of manufacture.

The packer, assembler, processor or wholesaler in repackaging or dividing cheese into wholesale cuts shall affix to each package or portion, a label bearing his name and address in addition to the word "pasteurized" or the date of manufacture in accordance with the original label or in lieu of the date of manufacture on packaged unpasteurized cheese a statement that the contents have been aged for 60 days or more.

The manufacturer's label or that affixed by the packer, assembler, processor or wholesaler shall remain on the cheese until the last piece is processed, repackaged or sold to the consumer. (Enacted October 20, 1944; repealed November 17, 1944; reenacted November 17, 1944; and amended May 18, 1945, effective June 1, 1945.)

Regulation 37. Milk and milk products for cheese making. All milk and milk products derived therefrom used in the manufacture of cheese shall be clean and wholesome. (Enacted October 20, 1944, effective November 15, 1944.)

Regulation 38. Water supply. All water used in the manufacture of cheese shall be of a safe sanitary quality. (Enacted October 20, 1944, effective November 15, 1944.)

CHAPTER III-A

Manufacturing Cream

Regulation 1. Intent. The intent of this chapter is to make it possible to identify "manufacturing cream" not meeting the requirements of chapter III of this code and to prevent its diversion to sale as "cream" as defined by such chapter. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 2. Definitions. When used in this chapter the term "cream" means "cream" as defined in regulation 1 of chapter III of this code; the term "manufacturing cream" means cream which does not meet the requirements of chapter III of this code; the term "person" means a corporation, association, firm or individual; the term "local health officer" means the health officer as defined in regulation 1 of chapter III of this code. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 3. Marking of containers. All containers in which manufacturing cream is purchased, sold or stored shall have securely wired to the handle, as long as any manufacturing cream remains therein a bright red tag or label not less than 3 inches by 5 inches in size and with a metal eyelet through which the wires pass. The eyelet of the tag shall be not more than 2 inches from the handle. This label shall bear prominently the designation, MANUFACTURING CREAM, the approximate butterfat content or a recognized term indicating the approximate butterfat content and the name and address of the plant at which the contents of said container originated. (Enacted January 27, 1932; and amended March 25, 1936, effective April 1, 1936.)

Regulation 4. Records to be kept. Every person who sells manufacturing cream shall keep a true and complete monthly record of the names and addresses of all persons from whom he has obtained and/or to whom he has sold "manufacturing cream" and "cream," with the amounts obtained from and sold to each, together with records of inventories of all "manufacturing cream" and "cream" on hand on the last day of each month. Such person shall also keep a true and complete record of all "manufacturing cream" and "cream" used by him for manufacturing purposes and of the movement of "manufacturing cream" and "cream" into and out of storage. Such records shall be so kept that the latest twelve months' records are always on file and shall at all times be open to the inspection of the state commissioner of health or the local health officer or the authorized representative of either. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 5. Permit required for sale of manufacturing cream. No person shall sell or offer for sale any manufacturing cream previously purchased by him without first having obtained a permit from the state commissioner of health. Permits shall be granted only to those persons who comply with the regulations of this chapter. Such permits shall expire annually on the thirty-first day of December and shall be renewable on or before such date in each year, and may be revoked at any time by the state commissioner of health after a hearing on due notice for misrepresentation or for wilfull or repeated violation of any of the provisions of this chapter. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 6. Application for permit required. Each person seeking to obtain a permit to sell manufacturing cream shall make a written application therefor to the state commissioner of health on a form to be furnished by said commissioner. (Enacted January 27, 1932, effective March 1, 1932.)

Regulation 7. Reports to be made. Whenever required by the state commissioner of health, any person holding a permit for the sale of manufacturing cream shall submit reports at such times and in such form and detail as the commissioner of health shall require. (Enacted January 27, 1932, effective March 1, 1932.)

AMENDED
See Supplement

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CHAPTER IV*

Therapeutic Sera, Pathogenic Microorganisms and Laboratories

Regulation 1. Standards for serum. Sale of serum for the treatment of pneumonia, meningitis and scarlet fever regulated. No serum for the treatment of pneumonia, meningitis or scarlet fever shall be sold or offered for sale in the state of New York, unless such serum complies with the requirements of the United States public health service governing the sale of such serum, and unless the potency of such serum equals or exceeds the minimum standard of potency established by the New York state department of health, and unless each package of such serum is accompanied by a label or circular stating the potency of such serum. (Enacted December 27, 1917; amended April 23, 1930; March 9, 1932; and December 20, 1935, effective April 1, 1936.)

Regulation 2. Standard strains, standard toxin and standard sera. The state department of health shall maintain in the division of laboratories and research, supplies of cultures of the standard pneumococcus strains, cultures of the standard meningococcus strains, standard streptococcus toxin, standard antipneumococcus sera, standard antimeningococcus serum and standard anti-streptococcus serum; and shall furnish upon the request of any manufacturer of serum such standard cultures, toxin and sera together with detailed descriptions of the methods to be employed in and directions for testing such serum. (Enacted March 9, 1932; amended June 28, 1932; and December 20, 1935, effective April 1, 1936.)

Regulation 3. Inoculation with living bacteria.† The use of living bacteria, other pathogenic microorganisms or viruses other than vaccine virus in the inoculation of human beings for the prevention or treatment of disease is hereby prohibited until full and complete data regarding the methods of use, including a specimen of the culture and other agents employed therewith, and a full account of the details of preparation, dosage, and administration, shall have been submitted to the state commissioner of health and until permission shall have been granted in writing by the state commissioner of health for the use of the same. (Enacted April 7, 1914; renumbered May 1, 1929; March 9, 1932; and amended and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 4. Distribution of living cultures of pathogenic bacteria. No person having in his possession cultures of pathogenic microorganisms or viruses other than vaccine virus shall sell or convey such cultures to any other person or to any laboratory unless such sale or conveyance shall have been approved by the state commissioner of health. (Enacted February 4, 1916; renumbered May 1, 1929; amended and renumbered June 28, 1932; and amended February 18, 1938, effective March 1, 1938.)

Regulation 5. Bacterial rat poisons, sale, manufacture and use of, prohibited. No person shall prepare or manufacture, sell, offer for sale, give away, deal in, supply or use, or have in his or her possession with intent to sell, offer for sale, give away, deal in, supply, or use any rodent or other animal pest exterminator which contains living bacteria. (Enacted June 28, 1932, effective September 1, 1932.)

* See footnote under section 4-b, Public Health Law. This was formerly Chap. IX, renumbered June 28, 1932.

† Originally a part of Chapter II.

Regulation 6. Inspection of laboratories. The state commissioner of health, or his authorized representative, shall have authority to inspect every bacteriological, chemical or pathological laboratory doing work for the health authorities of the state or of any county or municipality therein or making any examinations which the sanitary code may require to be performed in an approved laboratory. He may advise the person in charge of such laboratory as to the methods or procedures relative to such examinations, and he may report the result of the inspection to the authorities of the county or municipality in which the laboratory is located. (Enacted April 7, 1914; renumbered May 1, 1929; and amended and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 7. Tissue removed at operation or necropsy to be examined in certain cases. Representative specimens, or sections for microscopic examination, of tissue removed at operation or at necropsy which require laboratory examination as an aid in the diagnosis, prevention, or treatment of disease or to determine the cause of death shall be submitted to an approved laboratory, to the division of laboratories and research, Albany or New York city, or to the state institute for the study of malignant diseases, Buffalo. (Enacted September 23, 1932; and amended June 26, 1940, effective July 15, 1940.)

AMENDED
See Supplement

CHAPTER IV-A

Human Blood Donors, Human Blood, Human Plasma, Human Serum, or Other Human Blood Derivatives

Regulation 1. The methods of preparation, distribution, and use of human blood, human plasma, human serum, or their derivatives for transfusion regulated. The methods of preparation and distribution of human plasma, human serum, or their derivatives to be sold or offered for sale by commercial biological laboratories for transfusion including the collection of blood, sterility and safety tests, packaging, labeling, dating, storage and records of distribution shall conform to the requirements of the National Institute of Health of the United States Public Health Service. The methods of preparation, distribution and use of human blood, human plasma, human serum or their derivatives by other laboratories or by hospitals for transfusion shall conform to Regulations 2 to 8 inclusive of this chapter. (Enacted February 19, 1943, effective March 1, 1943.)

Regulation 2. Laboratory tests to be made in an approved laboratory. Laboratory tests required as an aid in determining that blood donors are free from communicable disease,* including malaria and syphilis, and tests of sterility required to determine that the blood, plasma, serum or any derivative of them is suitable for purposes of transfusion shall be made in a laboratory approved for such examinations by the state commissioner of health, in a laboratory licensed by the Federal Security Agency for the preparation of human blood plasma, serum, or other human blood derivatives, or in a laboratory maintained by the United States Army, Navy, Veterans Bureau or Public Health Service.

If, due to an emergency, a specimen of the donor's blood cannot be sent to an approved laboratory prior to the transfusion of blood, a preliminary test for evidence of syphilis shall be made. In every case, a specimen of blood shall be collected from the donor at the time of transfusion and sent to a laboratory approved for the serologic test for evidence of syphilis. (Enacted February 19, 1943, effective March 1, 1943.)

Regulation 3. Blood processing laboratories or hospitals to submit a statement and to keep records. Laboratories or hospitals engaged in or undertaking the processing of human blood, human plasma, human serum, or their derivatives for transfusion shall submit to the state commissioner of health a statement of the procedures used in the preparation, testing and storage of the product or products sold, distributed or offered for use. Complete and accurate records shall be kept by such laboratories or hospitals. The premises, equipment, procedures, records and circulars of instruction shall be open to inspection by the state commissioner of health or his authorized representative. A circular giving full instructions for the use of the product shall accompany each final container and copies of all circulars of information and directions including methods of dilution and of administration shall be filed with the state commissioner of health. Each package shall be clearly labeled with the dosage, unit value in standard units, and the expiration date. (Enacted February 19, 1943, effective March 1, 1943.)

Regulation 4. Institutions to keep records of transfusions. Complete and accurate records of transfusions of human blood, human plasma, human serum, or their derivatives shall be kept by the institution in which the transfusion

* See Article III, section 24-a, Public Health Law.

is performed. The director or person in charge shall be responsible for the proper maintenance of these records. Such records shall be open to inspection by the state commissioner of health or his authorized representative and shall include the information specified in Regulations 5, 6 or 7 of this chapter, whichever shall apply. (Enacted February 19, 1943, effective March 1, 1943.)

Regulation 5. Records to be kept when unstored human whole blood is used for transfusion. When human whole blood is not stored and is used for transfusion, the records kept by the institution in which the transfusion is performed shall include:

- (a) The date of the transfusion and quantity of material given.
- (b) The name of the physician or surgeon making the transfusion.
- (c) The name and address of the recipient.
- (d) The condition of the recipient during and after transfusion.
- (e) The name and address of the donor or donors.
- (f) Certification from a physician registered under the laws of New York State showing that a physical examination of the donor or donors has been made within thirty days immediately preceding the blood donation and that such donor or donors is or are in his judgment free from communicable disease, including malaria and acute upper respiratory infection, and that the blood of the donor or donors has a hemoglobin content of at least 11 grams per 100 ml. of blood.
- (g) The results of serologic tests of the donor's blood for evidence of syphilis.
- (h) The results of tests to determine the blood group to which both the recipient and the donor belong according to the Landsteiner classification and of cross-matching tests to indicate that the blood of the donor and of the recipient are compatible. (Enacted February 19, 1943, effective March 1, 1943.)

Regulation 6. Records to be kept when human blood or non-pooled human plasma is stored. When human whole blood or human non-pooled plasma is stored for future use, the records of the institution in which the blood is drawn and prepared for storage shall include:

- (a) All items included in subdivisions (e) to (g) inclusive of Regulation 5 of this chapter.
- (b) The date on which the blood was drawn.
- (c) The specimen or lot number or other identification of the product.
- (d) The blood group to which the donor belongs according to the Landsteiner classification.

The container shall bear a label on which shall be entered the name and address of the producing laboratory or hospital, the date on which the blood was drawn, the results of serological tests for evidence of syphilis, the specimen or lot number or other identification of the product and the blood group, according to the Landsteiner classification, to which the blood belongs. (Enacted February 19, 1943, effective March 1, 1943.)

Regulation 7. Records to be kept when stored human whole blood is used for transfusion. When human whole blood is stored and is used for transfusion, the records kept by the institution in which the transfusion is performed shall include:

- (a) All items included in subdivisions (a) to (d) inclusive of Regulation 5 of this chapter.
- (b) The name and address of the producing laboratory or hospital.
- (c) The specimen or lot number or other identification of the product.
- (d) The length of time that the blood was stored before it was used for transfusion.

(e) The results of tests to determine the blood group of the recipient, according to the Landsteiner classification, and of cross-matching tests to indicate that the blood of the donor and of the recipient are compatible. (Enacted February 19, 1943, effective March 1, 1943.)

Regulation 8. Records to be kept when human blood plasma, human serum or their derivatives are used for transfusion. When human blood plasma, human serum or their derivatives are used for transfusion, the records kept by the institution in which the transfusion is performed shall include:

(a) All items included in subdivisions (a) to (d) inclusive of Regulation 5 of this chapter.

(b) The kind of product used.

(c) The name and address of the producing laboratory or hospital.

(d) The specimen or lot number or other identification of the product.

(e) The expiration date of the product. (Enacted February 19, 1943, effective March 1, 1943.)

CHAPTER V*

Water Supplies

Regulation 1. Definitions. The term, "public water supply," as used in this chapter shall mean any potable water supply serving the general public, irrespective of its ownership or operation. The term shall not apply to a water supply serving exclusively a camp, hotel, school, institution or to a group of fewer than ten dwellings.

The term, "source of public water supply," shall mean any well, spring, infiltration gallery, stream, reservoir, pond or lake from which by any means water is taken either temporarily or continuously for the domestic needs of the public.

The term, "emergency source of water supply," shall mean a source of water used temporarily in case of failure or inadequacy of the regular source of public water supply.

The term, "water treatment plant," shall mean any structure or equipment used for the coagulation, filtration or disinfection of a public water supply, or any installation, device or application that will modify the quality of a public water supply. (Enacted September 25, 1942, effective January 1, 1943.)

Regulation 2. Approval of plans. No owner of a public water supply shall make or construct: (a) a new water treatment plant for the treatment of an existing public water supply, or (b) any addition to or modification of an existing water treatment plant, or (c) any addition to or modification of a public water supply system which will or may affect the sanitary quality of the public water supply, until the plans and specifications for such addition, modification or change shall first have been submitted to and received the approval of the state commissioner of health. The state commissioner of health may grant approval of such plans or may require such modifications as, in his opinion, the public health or safety may require. Application for such approval shall be made on a form prescribed by and in accordance with the requirements of the state commissioner of health. This regulation shall not apply to new or additional source or sources of public water supply, other than an emergency source of water supply. (Enacted September 25, 1942, effective January 1, 1943.)

Regulation 3. Protection, supervision, maintenance of records of operation and sampling of public water supplies. (a) The owner and those operating a public water supply shall exercise due care and diligence in the maintenance and supervision of all sources of public water supply so as to prevent their pollution in so far as possible, and shall operate and maintain all water treatment plants, if any, so as to produce an effluent of safe, sanitary quality.

(b) Complete daily records shall be kept of the operation of water treatment plants on forms furnished or approved by the state commissioner of health and a copy of such records shall be forwarded to him at monthly intervals.

(c) Samples of water shall be collected from a tap or taps on the distribution system of each public water supply by the local health officer having jurisdiction or by those in charge of the public water supply and submitted for examination by the state department of health at specified intervals in accordance with the requirements of the state commissioner of health.

(d) Samples of water, except those collected for examination by the state department of health, or those collected for examination at a water treatment

* Originally a part of former Chap. VII, then entitled Miscellaneous.

plant for the control of the operation of such plant, shall be collected from a tap or taps on the distribution system by the local health officer or by the person in charge of any public water supply at as frequent intervals as may seem necessary to them to insure adequate control of the sanitary quality of the supply and such samples shall be submitted for examination to a laboratory approved for the purpose by the state commissioner of health. Samples of water submitted to such laboratories shall be accompanied by all pertinent data relative to the supply.

(e) Every public water supply that makes use of sedimentation, chlorination, filtration or any other process of water treatment shall be provided with adequate laboratory facilities as approved by the state commissioner of health and tests essential for the control of the operation of such treatment processes shall be made daily. The results of such tests shall be recorded on forms approved by the state commissioner of health and forwarded to him at monthly intervals. (Enacted September 25, 1942, effective January 1, 1943.)

Regulation 4. Reporting changes in public water supplies. No owner or operator of any public water supply shall take, use, or cause to be taken for use for public water supply purposes water from an emergency source other than the regular source or sources of public water supply; nor shall discontinue the chlorination or treatment of such supply; nor shall make any change whatsoever which may affect the sanitary quality of such water supply, without first having notified and received the approval of the local health officer or health officers of such municipalities or districts in which such water supply is used for public water supply purposes. Such health officer or health officers shall immediately notify the state commissioner of health by telephone or telegram upon the receipt of such notification, who shall in turn advise the health officer or health officers of the action to be taken.

A printed copy of this regulation shall be kept constantly posted in the office used by the authorities owning or having charge of any such water supply. (Enacted April 10, 1923; renumbered June 28, 1932; and amended and renumbered September 25, 1942, effective January 1, 1943.)

Regulation 5. Sampling new sources of public water supply. No new permanent source of public water supply not previously examined shall be placed in service until a sample of the water from the said source has been examined by the state department of health and found to be of safe, sanitary quality. (Enacted September 25, 1942, effective January 1, 1943.)

Regulation 6. Disinfection of new or repaired spring basins, wells, infiltration galleries, water mains and reservoirs. No new or repaired spring basin, well or infiltration gallery used as a source of public water supply, nor new main, standpipe, reservoir, tank or other pipe or structure through which water is delivered to consumers for potable purposes shall be placed in use after it has been cleaned or repaired until such structure or main has been disinfected in a manner approved by the state commissioner of health, provided that this shall not apply to mains, tanks, reservoirs or structures, the waters from which are subsequently adequately treated or purified. (Enacted June 28, 1932; and amended and renumbered September 25, 1942, effective January 1, 1943.)

Regulation 7. De-watering trenches. No repairs to distribution systems of public water supplies shall be made until those portions of the trenches containing the mains, valves or other structures being repaired have been de-watered to a point below the mains, valves or other structures, and every effort made to prevent the entrance of foreign material and seepage into such mains, valves or other structures. (Enacted September 25, 1942, effective January 1, 1943.)

Regulation 8. Cross-connections between water supplies prohibited except under certain conditions. No owner or operator of a public water supply shall permit any physical connection between the distribution system or other structure of such supply containing potable water and any other distribution system, tank, reservoir, vat, sump or other structure which is supplied by an auxiliary water supply, except under the following conditions:

(a) When the auxiliary water supply is regularly examined as to its quality by those in charge of the public water supply to which the connection is made and is found to be potable and a permit has been issued by those in charge of the public water supply to the owner of the auxiliary supply authorizing the maintenance of the cross-connection.

(b) When the potable water from the public water supply is discharged into an elevated tank, suction tank, sump or pit above the elevation of the maximum water level of such tank, sump or pit also receiving non-potable water. Such tanks, sump or pit shall be open to atmospheric pressure.

(c) When special adjustable pipe connections or "swing-joints" are provided and so arranged that water cannot be secured simultaneously from both the public water supply and a non-potable auxiliary supply nor flow from the non-potable auxiliary supply into the public water supply, provided such special connections are approved by those in charge of the public water supply and by the state commissioner of health.

(d) When sprinkler systems or piping systems serving fire hydrants used exclusively for fire protection purposes are connected to a public water supply system and also to the discharge pipe of a fire pump taking suction from a separate auxiliary non-potable supply, provided that the auxiliary supply is equipped with a special fire pump chlorinator, and double all-bronze check valves. Application for the installation of such fire pump chlorinator and check valves shall be submitted to and receive the approval of those in charge of the public water supply and the state commissioner of health. Such check valves shall be examined and tested for tightness at specified intervals. Records of such tests and of the daily operation of the fire pump chlorinators shall be maintained and submitted at monthly intervals to those in charge of the public water supply and to the state commissioner of health. (Enacted November 12, 1925; amended and renumbered June 28, 1932; and September 25, 1942, effective January 1, 1943.)

Regulation 9. Certain interconnections prohibited.

(a) Interconnections between a potable water supply system and any drain, sewer, pipe, open tank, pressure tank, sump or vat, or other structure which contains liquids, chemicals, non-potable water, sewage or any other matter are prohibited, except when such interconnection is so installed and protected as to prevent the pumpage, drainage, backflow or siphonage of such liquids, chemicals, non-potable water, sewage or any other matter into the potable water supply system.

(b) All blow-off drains or discharge pipes connected to distribution systems of public water supplies shall be terminated at points where these structures will not be subject to flooding by sewage or surface water. (Enacted September 25, 1942, effective January 1, 1943.)

Regulation 10. Pumping equipment. Equipment used for the pumping of a public water supply, which is not subject to subsequent treatment, shall be so installed and operated as to prevent flooding by surface water and exposure of the suction pipe to polluted water. Whenever priming is necessary, such pump shall be primed with water of safe, sanitary quality. (Enacted September 25, 1942, effective January 1, 1943.)

Regulation 11. Protection of equalizing and distributing reservoirs. Equalizing and distributing reservoirs utilized for the storage of water of a public

water supply which will be delivered to the public without subsequent treatment, shall be so protected as to exclude human and animal trespassers and prevent the pollution of the water by surface drainage. (Enacted September 25, 1942, effective January 1, 1943.)

Regulation 12. Drinking water in factories or other industrial plants. Wherever a potable public water supply is available, no other supply shall be furnished for drinking purposes in any factory or other industrial plant, unless such other supply is approved by the local health officer. If no such public water supply is available, the water for drinking purposes shall be of safe, sanitary quality approved by the local health officer. If the water supply for industrial or fire protection purposes is obtained entirely or in part from a source not approved for drinking purposes, this supply shall be distributed through an independent piping system having no connection with the system for drinking purposes. All faucets or other outlets furnishing water not safe for drinking shall be so marked conspicuously. (Enacted November 12, 1925; amended September 22, 1926; renumbered June 28, 1932; amended and renumbered September 25, 1942, effective January 1, 1943.)

AMENDED See Supplement

CHAPTER VI*

Swimming Pools and Bathing Beaches

Regulation 1. Definitions. The term "pool" as used in this chapter shall mean any swimming pool together with buildings and appurtenances used in connection therewith, and shall be construed as including both "artificial" and "partly artificial" pools. This definition shall not apply to a pool maintained by an individual for use of his family or friends.

The term "artificial pool" shall mean a concrete or masonry structure intended for bathing or swimming purposes, located either indoors or outdoors, and provided with controlled water supply.

The term "partly artificial pool" shall mean a pool formed artificially from a natural body of water.

The term "public bathing beach" shall mean a bathing place together with buildings and appurtenances used in connection therewith or natural ponds, lakes, streams or other bodies of water where the public is allowed to bathe or which is open to the public for bathing by permission of the owner. (Enacted December 14, 1927; amended and renumbered June 28, 1932; and amended May 18, 1934, effective July 1, 1934.)

Regulation 2. Approval of plans. No municipality, person, firm, corporation, association, organization or institution shall construct an artificial pool or make changes in any already built or in the appurtenances thereof if such changes may affect health until the plans and specifications therefor shall first have been submitted to and received the approval of the state commissioner of health. The state commissioner of health may stipulate when granting this approval such modifications or conditions as the public health or safety may require. (Enacted May 18, 1934, effective July 1, 1934.)

Regulation 3. Permit and revocation. No municipality, corporation, association or person shall operate or maintain any pool or public bathing beach without a written permit from the local health officer on a form prescribed by the state commissioner of health to be issued subject to the provisions of this code and such additional sanitary safeguards as may be imposed by the local health officer except that no permit is required in the case of a swimming pool or bathing beach operated and maintained in conjunction with a camp for which a permit has been issued under chapter VII of the state sanitary code. Such permit shall state the method of treatment, if any, of the water and the number of persons who will be allowed to use the pool during any bathing period. The permit shall be posted conspicuously at the pool or public bathing beach. Each such permit shall expire December 31, following the date of issue and may be revoked for cause either by the local health officer or by the state commissioner of health after a hearing. The health officer shall transmit a copy of each permit to the state commissioner of health as soon as issued. (Enacted December 14, 1927; amended and renumbered June 28, 1932; May 18, 1934; and amended December 15, 1939, effective January 1, 1940.)

Regulation 4. Construction and maintenance. Every pool shall be so designed and constructed as to facilitate cleaning and shall be maintained and operated in such manner as to be clean and sanitary at all times. In new artificial pools inlets and outlets shall be so located and spaced as to secure satisfactory dispersion of the inflowing water throughout the pool. (Enacted December 14, 1927; renumbered June 28, 1932; and amended and renumbered May 18, 1934, effective July 1, 1934.)

* Formerly Chap. X.

Regulation 5.* Interconnections. There shall be no physical connection between a potable public or private water supply system and a pool structure at a point below the maximum flow line of the pool or to a recirculating or heating system of a pool, unless such physical connection is so installed and operated that no pool water can be discharged or siphoned into a potable water supply system. (Enacted May 18, 1934, effective July 1, 1934.)

Regulation 6. Drains. All drainage from an artificial pool structure to a sewer receiving domestic sewage shall be discharged into said sewer in such a manner that sewage cannot be siphoned, flooded or otherwise discharged into the pool. (Enacted May 18, 1934, effective July 1, 1934.)

Regulation 7. Protection of public water supplies. A pool located on a watershed of a spring, lake, stream, or other body of water used as a source of public water supply shall be so operated as not to create a menace to such supply.

Whenever a pool is located on the banks of a spring, lake, reservoir, stream or other watercourse which is a source of water supply protected by water rules enacted by the state commissioner of health, said water rules shall be strictly observed. (Enacted May 18, 1934, effective July 1, 1934.)

Regulation 8. Dressing rooms. Dressing rooms provided at pools and public bathing beaches shall be sanitary and adequate.

The local health officer shall have authority to prescribe when dressing rooms shall be provided at any pool or public bathing beach. (Enacted December 14, 1927; amended and renumbered June 28, 1932; and May 18, 1934, effective July 1, 1934.)

Regulation 9. Toilet facilities. Sanitary toilet facilities adequate and accessible, shall be provided for both sexes at all pools and public bathing beaches.

The sewage or excreta from toilet facilities provided in the vicinity of any partly artificial pool or public bathing beach shall be disposed of in a satisfactory manner and so as not to pollute the water used for bathing. (Enacted December 14, 1927; renumbered June 28, 1932; and amended and renumbered May 18, 1934, effective July 1, 1934.)

Regulation 10. Sanitary quality of water in artificial pools. (a) *Bacteria count.* No two successive samples collected from any artificial pool on different days, nor more than 10 per cent of similar samples covering any three months' period shall contain more than 500 bacterial colonies per cubic centimeter when incubated for 24 hours at 37 degrees C. on agar or litmus lactose agar medium. Such samples shall be collected when the pool is in use.

(b) *Tests for B. coli group.* Not more than two out of five 10 cubic centimeter portions of samples of water collected from a pool at times when the pool is in use shall be positive by the partially confirmed test for bacteria of the B. coli group.

* Regulation 5 can be complied with by introducing fresh water from a potable public or private water supply to a pool or to a recirculating or heating system of a pool by one of the following methods:

(a) Through a connection to the suction pipe of a recirculating pump, provided that the pipe line admitting fresh water be extended in a vertical loop at least five feet above the maximum water level of the pool, and provided that double check valves be installed between the pump and the loop, and provided that a "bleeder" with a check valve be so installed on the loop as to afford an air break or vacuum relief.

(b) Through a connection to a float valve located above the maximum water level of a suction pit from which the suction pipe of the recirculating pump leads.

(c) Through a connection to a special "swing-joint connection" installed on the recirculating piping and so arranged that it will be impossible to draw pool water into the potable water supply system.

(d) By means of an approved two-port, three-way valve on the piping of the recirculating system so constructed that pool water cannot be drawn into the potable water supply system.

(e) Through an air break on the fresh water pipe line of the potable supply.

AMENDED

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See Supplement

(c) *Chemical quality.* The water in an artificial pool where alum is used as a coagulant shall be maintained at all times in such an alkaline condition that the pH value of the water in the pool shall exceed 7.0 at all times. When the water in artificial pools is to be disinfected with chlorine, in the presence of ammonia, the pH value of the water shall not exceed 7.6.

(d) *Analytical methods.* All chemical and bacterial analyses provided for in this regulation shall be made in accordance with the procedures recommended in the standard methods of water analysis of the American Public Health Association.

(e) *Cleanliness.* The bottom and side walls of artificial pools shall be kept reasonably free from sediment and visible dirt. Visible scum or floating matter on the surface of the pool shall be removed at least once each day. (Enacted December 14, 1927; amended January 11, 1928; amended and renumbered June 28, 1932; and May 18, 1934, effective July 1, 1934.)

Regulation 11. Bathing load limits. (a) *Where quality of water depends upon continuous chlorination.* In any artificial pool the total number of bathers permitted to use such pool during any bathing period shall not exceed twenty persons per each thousand gallons of chlorinated water added to the pool during that period, provided the water in all parts of the pool at all times when in use shall contain at least 0.3 parts per million residual chlorine when chlorine alone is used, or 0.7 parts per million residual chlorine when chlorine in the presence of ammonia is used, as determined by the orthotolidine test.

(b) *Where the quality of water depends upon intermittent disinfection and replacement of the water.* At any artificial pool where the addition of disinfectant is not continuous during the admission of water to the pool the total number of persons permitted to use the pool between any two consecutive replacements of the water shall not exceed twenty persons for each one thousand gallons of water in the pool, and all such pools shall be disinfected at least once each day when in use, and the number of applications and the amount of disinfectant added shall be sufficient to insure that the water in all parts of the pool when in use shall contain not less than 0.3 parts per million residual chlorine when chlorine alone is used, or 0.7 parts per million when chlorine in the presence of ammonia is used, as determined by the orthotolidine test.

(c) *Where the quality of water depends upon dilution.* At any artificial pool where chlorine is not used as a disinfectant or where a concentration of residual chlorine of at least 0.3 parts per million is not maintained in all parts of the pool when in use, the total number of bathers permitted to use the pool shall be so restricted that a sufficient volume of fresh diluting water will be available to insure that the bacterial quality of the water in the pool shall conform to the limits stated in regulation 10. Such fresh dilution water may be (1) new clean water used to refill the pool or to replace that lost by splashing or during cleaning; (2) water taken from the pool and returned after effective filtration and disinfection; or (3) any combination of such waters. (Enacted December 14, 1927; amended and renumbered June 28, 1932; and May 18, 1934, effective July 1, 1934.)

* Regulation 11-c with reference to the bacterial quality of pool water cannot be complied with when the quality of such water depends upon dilution unless large volumes of diluting water are used. The approximate quantity of fresh diluting water needed may be computed by utilizing the following formula: $Q = 6.25 T^2$ where Q = the quantity of fresh diluting water per bather per day and " T " is the number of hours required to replace the water in the pool by the fresh water. Thus, if 100,000 gallons of fresh diluting water are discharged each twenty-four hours into a pool having a capacity of 50,000 gallons, the replacement period is twice each day or once in twelve hours and hence T would be 12. Under these conditions, $Q = 6.25 \times 12^2 = 900$ gallons per bather. Only 111 bathers could utilize the pool in a period of twenty-four hours, when using 100,000 gallons of fresh water $\left(\frac{100000}{900} = 111 \right)$.

Regulation 12. Operator or attendant and operating records. Each pool shall be under the personal supervision of an operator or competent attendant trained in life saving procedure who shall require a careful observance of sanitary regulations prescribed in this chapter and the requirements of the permit issued for such pool. At all pools where artificial circulation, filtration, or any chemical treatment is used, full daily records must also be kept as follows: the actual length of time pumps and filters are in operation; when each filter is washed or cleaned; when the bottom and sides of pool are cleaned; the results of all tests made of the quality of the water and the results of at least one test for residual chlorine made at the end of each bathing period. These records must be submitted to the state commissioner of health and to the local health officer having jurisdiction. (Enacted December 14, 1927; renumbered June 28, 1932; and amended and renumbered May 18, 1934, effective July 1, 1934.)

Regulation 13. Care of suits and towels. All bathing suits and towels shall be washed with soap and hot water, rinsed and thoroughly dried after each use. (Enacted December 14, 1927; amended and renumbered June 28, 1932; and renumbered May 18, 1934, effective July 1, 1934.)

Regulation 14. Pollution of pool prohibited. Urinating, expectorating or blowing the nose in any pool is prohibited. (Enacted December 14, 1927; and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 15. Communicable disease. No person having skin lesions, sore or inflamed eyes, mouth, nose or ear discharges, or who is known to the health officer to be the carrier of the microorganisms of any communicable disease shall use any pool or public bathing beach. (Enacted December 14, 1927; amended and renumbered June 28, 1932; and amended May 18, 1934, effective July 1, 1934.)

Regulation 16. Spectators. Persons not dressed for bathing shall not be allowed on walks immediately adjacent to artificial pools, and bathers shall not be allowed in places provided for spectators. (Enacted December 14, 1927; and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 17. Care of floor surfaces. All floors of dressing rooms, toilet rooms, passageways and walks at every pool and public bathing beach where dressing rooms are available shall be maintained in a clean condition at all times. (Enacted June 28, 1932; amended and renumbered May 18, 1934; and amended April 19, 1946, effective May 1, 1946.)

Regulation 18. Partly artificial pools. The local health officer shall determine the maximum number of bathers who may utilize a partly artificial pool during any bathing period and the quantity of fresh water which must be discharged into such pool in any given period of time and the treatment, if any, the water in such pool shall receive and he may otherwise regulate the operation of such pool as he may deem necessary to protect the health or safety of bathers. (Enacted May 18, 1934, effective September 1, 1934.)

Regulation 19. Polluted waters. No partly artificial pool or public bathing beach shall be maintained or operated on a natural body of water when such water is determined by the state commissioner of health to be so polluted as to constitute a menace to health if used for bathing. (Enacted May 18, 1934, effective September 1, 1934.)

Regulation 20. Posting regulations. Placards reciting regulations 14 to 16 inclusive shall be posted conspicuously at the pool or enclosure and in the dressing rooms and offices of all pools. (Enacted December 14, 1927; renumbered June 28, 1932; and amended and renumbered May 18, 1934, effective July 1, 1934.)

AMENDED
See Supplement

CHAPTER VII*

Camps

Regulation 1. Definition. The term "camp" as used in this chapter shall mean one or more tents, vehicles, buildings, or structures, together with the tract of land appertaining thereto, established or maintained as living quarters for temporary occupancy by ten or more people.

The term "person" as used in this chapter shall mean a corporation, association, individual or group of individuals, who operates a camp as defined in the preceding paragraph, or who if there be no operator allows the property to be used as a camp.

The provisions of this chapter shall not apply to persons certified or licensed under the social welfare law as to activities so certified or licensed nor to hotels, lodging houses or boarding houses as defined in chapter VII-A of the sanitary code nor to private cottages or camps established, occupied or rented by an individual for use of such individual and relatives or personal friends.

Paragraphs (b) and (c) of regulation 5 of this chapter shall not apply to tourist camps. (Enacted June 23, 1932; amended February 15, 1935; December 15, 1939; and May 19, 1944, effective July 1, 1944.)

Regulation 2. Permit required. No person shall operate any camp without having a permit from the county commissioner of health if such camp is located in a county health district, or if located elsewhere from the district state health officer provided, however, that a camp conducted in conjunction with a circus, fair or carnival, or a camp to be occupied for a period less than forty-eight hours, may operate without a permit unless a permit is required by local regulation or ordinance.

Application for a camp permit shall be made at least fifteen days before the first day of operation as a camp on a form prescribed by the state commissioner of health.

Notice of changes in management, ownership or name of camp, or of its physical or operating features affecting any requirements of this chapter shall be given promptly by the person operating the camp to the authority granting the permit. (Enacted October 20, 1914; amended May 15, 1924; amended and renumbered June 28, 1932; amended February 15, 1935; amended and renumbered December 15, 1939; and amended May 19, 1944, effective July 1, 1944.)

Regulation 3. Issuance and revocation of permit. If the authority responsible for the granting of the permit be satisfied that the existing or proposed camp conforms with the requirements of this chapter and will not be a source of danger to the health of its occupants nor the health of the general public, such authority may issue the necessary permit in writing on a form prescribed by the state commissioner of health. Such permit shall expire on December 31 following the date of issuance.

However, if such authority finds that the camp does not comply with the provisions of this chapter, a temporary permit may be issued which shall expire not later than one month after date of issuance provided the owner or operator has agreed in writing to comply with the requirements of this chapter within one month and provided further that such temporary permit shall stipulate the terms, requirements or conditions under which the camp may be operated.

Permits shall not be transferable.

* This Chapter supersedes the original Chap. V which was adopted, October 20, 1914, renumbered Chap. VII, June 28, 1932, and subsequently amended from time to time.

Any permit may be revoked by the authority granting the permit for violation of any of the provisions of this chapter. (Enacted October 20, 1914; amended May 15, 1924; amended and renumbered June 28, 1932; amended February 15, 1935; amended and renumbered December 15, 1939; and amended May 19, 1944, effective July 1, 1944.)

Regulation 4. Designation of individual for camp sanitation. The person in charge of the operation of a camp shall detail at least one individual to maintain the camp in a sanitary condition at all times. (Enacted October 20, 1914; amended May 15, 1924; renumbered June 28, 1932; amended and renumbered December 15, 1939; and amended May 19, 1944, effective July 1, 1944.)

Regulation 5. General. (a) No individual known to be capable of transmitting a communicable disease shall be admitted to or employed in a camp in any capacity. However, this requirement shall not apply, so far as tuberculosis is concerned, to individuals in special camps approved by health officers for the housing of tuberculous patients.

(b) All camps accommodating children under sixteen years of age shall be under the care and supervision of at least one responsible and competent adult.

(c) Arrangements shall be made to assure adequate medical and nursing supervision and care at or readily accessible to all camps.

(d) Camps shall not be located where adequate surface drainage is impractical nor where satisfactory disposal of liquid wastes cannot be provided. (Enacted December 15, 1939; and amended May 19, 1944, effective July 1, 1944.)

Regulation 6. Housing. (a) Housing shall be constructed in such a manner as to be structurally safe, adequate in size consistent with its use, reasonably easy to keep clean, and have watertight roof and sides.

(b) Lean-tos if used shall be so constructed and maintained as to exclude rain from the portions of the structures used regularly.

(c) Except where expressly exempted by the authority issuing the permit all structures shall have satisfactory floors of wood, concrete or other suitable material.

(d) Stoves, if used, shall be installed in such a manner as to avoid fire hazards and dangerous concentrations of fumes and gases.

(e) All tents, vehicles, buildings, and grounds of camps shall be maintained in a clean sanitary condition at all times.

(f) Any permanent buildings in which persons are housed shall be provided with ready exit in case of fire. If sleeping quarters are provided above the ground floor at least one outside exit may be required for such sleeping quarters.

(g) Adequate sleeping quarters shall be provided.

(h) Adequate ventilation shall be provided for sleeping quarters, kitchens, dining rooms and mess halls. (Enacted May 19, 1944, effective July 1, 1944.)

Regulation 7. Kitchen and dining rooms. Wherever food or meals are prepared or served in a camp by the owner, operator or concessionaire:

(a) The kitchen and dining rooms shall be separated from sleeping quarters and toilets.

(b) The doors and windows of kitchens, dining rooms and mess halls shall be adequately screened against insects.

(c) The kitchen and dining rooms shall be adequately equipped for the preparation and serving of food.

(d) Walls, floors and ceilings of kitchen and dining rooms shall be so constructed as to permit them to be readily cleaned and they shall be kept clean and in good repair. (Enacted May 19, 1944, effective July 1, 1944.)

Regulation 8. Water supply for camps. (a) Water supplied to camps for drinking and culinary purposes shall be readily available, adequate in quantity and of safe sanitary quality; and only water which is of safe sanitary quality shall be delivered or piped so as to be accessible for drinking purposes.

(b) Where a water treatment process is employed accurate and complete daily reports on the operation thereof shall be submitted at monthly intervals to the authority granting the permit on a form prescribed by the state commissioner of health.

(c) Any failure of adequate treatment or any change in the source of water supply shall be reported immediately to the authority granting the permit.

(d) Wells or springs used as sources of water supply shall have tight covers and be so constructed and located as to preclude their pollution by seepage from cesspools, privies, sewers, sewage treatment works, stables or manure piles, or pollution from surface drainage. The water from such sources shall be obtained by free gravity flow or by a metal pump with watertight connection to a concrete slab covering such well or spring. If the pump is situated adjacent to the well or spring, it shall be so located and connected as to prevent pollution of the water.

(e) Basins or reservoirs used for the storage of drinking water subsequently distributed without treatment shall be so lined, curbed, covered, or otherwise protected as may be necessary to prevent pollution of the supply by surface water, and to preclude pollution of an accidental, incidental or willful nature. Water therefrom shall be delivered to the camp fixtures, if such fixtures are provided, by means of a watertight discharge pipe by gravity or by pumping.

(f) No common drinking cup shall be used. If drinking fountains are provided they shall be of sanitary design and construction. (Enacted May 15, 1924; amended and renumbered June 28, 1932; renumbered February 15, 1935; amended and renumbered December 15, 1939; and May 19, 1944, effective July 1, 1944.)

Regulation 9. Toilet and sewage disposal facilities required. For every camp there shall be provided convenient and adequate toilet facilities separate for each sex. Privies shall be so located, constructed and maintained that they shall not be offensive to the users, nor permit access of flies to the privy vaults nor by leakage or seepage offer a possible pollution of any water supply, adjacent surface waters or ground surfaces.

Provisions shall be made for the satisfactory treatment or disposal of sewage, including bath, sink and laundry wastes. (Enacted October 20, 1914; amended May 15, 1924; amended and renumbered June 28, 1932; February 15, 1935; December 15, 1939; May 19, 1944; and amended January 19, 1945, effective March 1, 1945.)

Regulation 10. Approval of plans and permit for sewage and waste treatment or disposal required. Satisfactory plans for new or modified facilities for the treatment or disposal of sewage including bath, sink and laundry wastes, shall be submitted to and receive the approval of the state commissioner of health before such facilities are installed.

A written permit shall be obtained from the state commissioner of health for the discharge of sewage effluent, including bath, sink and laundry wastes, from treatment or disposal facilities into any waters of this state. (Enacted June 28, 1932; renumbered February 15, 1935; amended and renumbered December 15, 1939; May 19, 1944; and amended January 19, 1945, effective March 1, 1945.)

Regulation 11. Milk and cream. Wherever milk or cream is furnished or offered for sale in a camp it shall be obtained from a dealer holding a permit under chapter III of the sanitary code. Only pasteurized milk and cream shall

be furnished or offered for sale whenever reasonably obtainable. (Enacted February 15, 1935; amended and renumbered December 15, 1939; and May 19, 1944, effective July 1, 1944.)

Regulation 12. Protection of food supplies. Wherever milk, cream, food or meals are furnished or offered for sale in a camp adequate provisions shall be made for sanitary storage, handling, and protection of food and milk supplies until served or used. (Enacted February 15, 1935; amended and renumbered December 15, 1939; and May 19, 1944, effective July 1, 1944.)

Regulation 13. Dishwashing. Wherever prepared food is furnished or offered for sale in the camp by the owner, operator or concessionaire adequate facilities, including a plentiful supply of hot water for washing of dishes and utensils, shall be provided. Dishes and utensils shall be washed, cleansed and disinfected effectively promptly after each use. (Enacted February 15, 1935; amended and renumbered December 15, 1939; and May 19, 1944, effective July 1, 1944.)

Regulation 14. Garbage disposal. Adequate facilities shall be provided and maintained for the collection, temporary storage, handling and disposal of garbage and other refuse. (Enacted October 20, 1914; renumbered June 28, 1932; amended and renumbered February 15, 1935; December 15, 1939; and May 19, 1944, effective July 1, 1944.)

Regulation 15. Bathing facilities. Bathing facilities shall be provided unless expressly exempted by the authority issuing the permit. (Enacted May 19, 1944, effective July 1, 1944.)

Regulation 16. Swimming pools and bathing beaches. If swimming pools or bathing beaches are provided, they shall be maintained and operated in conformity with the provisions of chapter VI of the sanitary code.

No bathing at swimming pools and bathing beaches by children under eighteen years of age shall be permitted unless under the supervision of an operator or competent attendant trained in life saving procedure. (Enacted February 15, 1935; amended and renumbered December 15, 1939; and May 19, 1944, effective July 1, 1944.)

Regulation 17. Persons in charge of camp to report cases of disease presumably communicable. It shall be the duty of the person in charge of a camp to report immediately to the local health officer the name and address of any individual in the camp known to have or suspected of having a communicable disease. Until official action on such case has been taken, strict isolation shall be maintained.

The method of isolation shall be approved by the local health officer. The person in charge shall not allow such individual to leave or to be removed without permission of the local health officer.

Whenever there shall occur in any camp an outbreak of suspected food poisoning or an unusual prevalence of any illness in which fever, diarrhea, sore throat, vomiting, or jaundice is a prominent symptom, it shall be the duty of the person in charge of the camp to report immediately the existence of such an outbreak or disease prevalence to the county commissioner of health or the local health officer verbally, or by telegram or telephone; such officer shall report by telegram or telephone immediately the existence of such an outbreak to the state commissioner of health or to the district state health officer. Local health officers shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of disease in camps. (Enacted October 20, 1914; amended May 15, 1924; June 26, 1929; renumbered June 28, 1932; February 15, 1935; amended and renumbered December 15, 1939; and May 19, 1944, effective July 1, 1944.)

Regulation 18. Duty to enforce regulations. It shall be the responsibility of the person to whom the permit is issued to see that all regulations of this chapter are faithfully observed at all times. (Enacted October 20, 1914; amended and renumbered June 28, 1932; February 15, 1935; and May 19, 1944, effective July 1, 1944.)

Regulation 19. Posting. The person to whom the permit is issued shall post conspicuously in such camp a copy of this chapter, furnished by the state department of health, together with the permit issued by the county commissioner of health or the district state health officer. (Enacted May 19, 1944, effective July 1, 1944.)

CHAPTER VII-A

Hotels, Lodging Houses, Boarding Houses

Regulation 1. Definitions. (a) The term "hotel" shall mean a building where transient guests are received without stipulated engagement as to the duration of their stay and are supplied with and charged for meals, lodging and such services and attention as are necessarily incident to use of such place as a temporary abode.

(b) The term "lodging house" shall mean a building or group of buildings where selected persons are supplied with and charged for sleeping accommodations but not meals.

(c) The term "boarding house" shall mean a building or group of buildings where selected persons for fixed periods of time are supplied with and charged for sleeping accommodations and meals.

(d) The term "county commissioner of health" shall mean the commissioner of health of a county health district in those counties of the state which maintain county health departments.

(e) The term "district state health officer" shall mean the physician appointed by the state commissioner of health under authority of section 4-a of article II of the public health law. (Enacted February 23, 1940, effective April 1, 1940.)

Regulation 2. Application of regulations. The regulations of this chapter shall apply only to hotels, lodging houses and boarding houses not served by public water supply and sewer systems. Establishments licensed under section 304 of the state charities law shall be exempt from the provisions of this chapter.

It shall be the duty of the proprietor or person in charge of each establishment to which this chapter applies to see that all regulations herein are observed. (Enacted February 23, 1940, effective April 1, 1940.)

Regulation 3. Water supply. (a) Water supplied to hotels, lodging houses and boarding houses for drinking and culinary purposes shall be adequate and of safe sanitary quality. Only water which is of safe sanitary quality shall be delivered or piped so as to be accessible for drinking purposes.

(b) Wells or springs used as sources of water supply shall be so constructed and located as to preclude their pollution by seepage from cesspools, privies, sewers, sewage treatment works, stables or manure piles, or by surface drainage. The water from such sources shall be obtained by free gravity flow or by metal pumps so arranged as to provide for delivery of water of safe sanitary quality.

(c) Basins or reservoirs used for the storage of drinking water subsequently distributed without treatment shall be so lined, curbed, covered or otherwise protected as may be necessary to prevent pollution of the supply by surface water, and to preclude pollution of an accidental or wilful nature. Water therefrom shall be delivered to all fixtures, if such fixtures are provided, by means of a water-tight discharge pipe by gravity or by pumping.

(d) Where a water treatment process is employed, accurate and complete daily reports on the operation thereof shall be kept and submitted at monthly intervals, on a form prescribed by the state commissioner of health, to the county commissioner of health if the hotel, lodging house, or boarding house be located in a county health district and, if located elsewhere, to the district state health officer of the state sanitary district in which the establishment is located.

(e) Any failure of adequate treatment or change in source of water supply shall be reported immediately to such county commissioner of health or district state health officer.

(f) No common drinking cup shall be provided. All drinking fountains shall be of sanitary design and construction. (Enacted February 23, 1940, effective April 1, 1940.)

Regulation 4. Approved toilet and sewage disposal facilities to be provided. Convenient and adequate toilet facilities shall be provided, so located, constructed and maintained that they shall not be offensive to the users, become a breeding place for flies, nor by leakage or seepage, offer a possible pollution of any adjacent waters.

Sewage disposal systems shall not allow exposure of any inadequately treated sewage on the surface of the ground.

Unless otherwise permitted by the county commissioner of health of the county health district in which the establishment is located; or, if not located within a county health district, unless otherwise permitted by the district state health officer of the sanitary district in which the establishment is located:

(a) No privy shall be within one hundred (100) feet of any place where food is prepared or served.

(b) No privy shall be within fifty (50) feet of any lake, reservoir or stream.

(c) No drainage from a privy, cesspool, sewer or sewage treatment plant shall flow directly into any lake, reservoir or stream unless such drainage has been approved by the state commissioner of health.

(d) No privy shall be located in the direct line of drainage to nor less than one hundred (100) feet in a horizontal direction from any water supply intake pipe, well, or spring used as a source of water supply.

(e) Privies, one hundred (100) to two hundred (200) feet from the source of a water supply shall be provided with water-tight vaults or receptacles, the contents of which shall be removed and disposed of in a satisfactory manner.

(f) No leaching pits for disposal of excreta, cesspools, subsurface tile drains, sand filters or other units of sewage treatment works or sewers which are not water-tight shall be located in the direct line of drainage to nor shall they be closer than two hundred (200) feet to water supply intake pipes, wells, or springs used as sources of water supply. (Enacted February 23, 1940, effective April 1, 1940.)

Regulation 5. Approval of plans and permit for sewage treatment works required. Approval of plans for new or modified sewage treatment works and a written permit from the state commissioner of health shall be obtained for the discharge of sewage effluent into any waters of this state. (Enacted February 23, 1940, effective April 1, 1940.)

Regulation 6. Milk and cream. Only milk and cream secured from a dealer holding a permit under chapter III of the sanitary code shall be used. Only pasteurized milk and cream shall be used whenever reasonably obtainable. (Enacted February 23, 1940, effective April 1, 1940.)

Regulation 7. Protection of food supplies. Adequate provisions shall be made for sanitary storage, handling and protection of food and milk supplies. (Enacted February 23, 1940, effective April 1, 1940.)

Regulation 8. Dishwashing. Adequate facilities, including a plentiful supply of hot water for washing dishes and utensils, shall be provided. Dishes and utensils shall be washed, cleansed and disinfected effectively after each use. (Enacted February 23, 1940, effective April 1, 1940.)

Regulation 9. Communicable diseases. (a) No person known to be capable of transmitting a communicable disease shall be employed in a hotel, lodging house, or boarding house in any capacity or admitted thereto unless properly isolated. However, this requirement shall not apply to persons with tuberculosis housed in establishments approved by health officers for the housing of tuberculous persons.

(b) When no physician is in attendance, it shall be the duty of the person in charge of any hotel, lodging house, or boarding house, or any other person to report immediately to the local health officer the name and address of any individual in such an establishment known to have or suspected of having a communicable disease. Until official action on such case has been taken, strict isolation shall be maintained. The person in charge shall not allow the patient to leave or be removed without permission of the local health officer.

(c) Whenever there shall occur in any hotel, lodging house, or boarding house an outbreak of suspected food poisoning or an unusual prevalence of any illness in which fever, diarrhea, sore throat, vomiting, or jaundice is a prominent symptom, it shall be the duty of the person in charge of such establishment to report immediately the existence of such an outbreak or unusual prevalence of illness to the local health officer, in person, or by telegram or telephone. Local health officers shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of illness in hotels, lodging houses and boarding houses. (Enacted February 23, 1940, effective April 1, 1940.)

CHAPTER VIII*

Nuisances Which May Affect Life and Health†

Regulation 1. All complaints to be investigated. The local health officer, upon receiving a complaint of the existence within his jurisdiction of a nuisance which may affect health, or when the probable existence of any such nuisance comes to his attention, shall make or cause to be made by his duly authorized representative an immediate and thorough investigation, and if, in his opinion, such a nuisance exists, he shall take steps to secure its voluntary abatement. (Enacted December 18, 1914; amended June 14, 1920; and June 28, 1932, effective September 1, 1932.)

Regulation 2. Health officer to file report with local board. The health officer, except in municipalities in which a different procedure is prescribed by general or special law, shall also within five days of the receipt of a complaint or of the discovery of the probable existence of a nuisance which may affect health, unless the nuisance has in the meantime been abated and the complainant satisfied, file with the local board of health:

(a) the complaint, if made in writing, or, if not in writing a summary thereof; or, if no complaint has been made, a statement of the facts, and

(b) a report showing

(i) his findings of the facts;

(ii) his opinion as to whether or not the condition constitutes a nuisance likely to affect health and whether or not such condition constitutes a violation of any local regulation in the municipality;

(iii) the steps, if any, already taken to abate the nuisance;

(iv) whether in his opinion the nuisance has been abated. (Enacted December 18, 1914; amended June 14, 1920; and June 28, 1932, effective September 1, 1932.)

Regulation 3. Action to be taken by local board. Within five days of the filing with the local board of health of the report provided for in regulation 2 of this chapter, such local board shall

(a) convene, and examine into the complaint and if it appears that a nuisance dangerous to health exists;

(b) furnish the owner, agent or occupant of the premises on which the condition alleged to constitute a nuisance exists, with a written statement of the condition found; and have duly served upon such owner, agent or occupant, a notice to appear before the board of health at a stated time and place, to show cause why such condition should not be declared a nuisance dangerous to health and an order for its abatement issued, and the prescribed penalty imposed if the condition constitutes a violation of a local health regulation in force in the municipality;

(c) if, after such hearing, it decides that the condition found to exist constitutes a nuisance dangerous to health, issue and enter upon its minutes an order directing the abatement of such nuisance, a copy of which order shall be served upon the owner, agent or occupant of the premises, or posted conspicuously thereon;

(d) impose in addition, if the condition constitutes a violation of a local health regulation in force in the municipality, the prescribed penalty for such violation. (Enacted December 18, 1914; amended June 14, 1920; December 8, 1926; and June 28, 1932, effective September 1, 1932.)

* Formerly Chap. VI, renumbered June 28, 1932.

† See Public Health Law, section 6 and footnote and section 26.

Regulation 4. Health officer to report to state commissioner of health. Within forty-eight hours after the entry of any decision of the board declaring the conditions not to be a nuisance affecting health, or if within five days of the filing of the report of the health officer with the local board of health, said board fails to take action provided by regulation 3 of this chapter, the health officer shall forward a copy thereof to the state commissioner of health, together with the original or copies of his report and other papers filed by him with the local board, as required in regulation 2 of this chapter. (Enacted December 18, 1914; and amended June 14, 1920, effective July 1, 1920.)

Regulation 5. State commissioner of health may direct local board of health to take certain definite proceedings. If, in the opinion of the state commissioner of health, the conditions complained of constitute a nuisance likely to affect health and the abatement or removal thereof is necessary for the public good and for the protection of life and health, the said commissioner may, by notice to the presiding officer of the local board of health, direct him, pursuant to section 26 of the public health law, to convene such local board to take certain definite proceedings concerning which the said commissioner is satisfied that the action recommended by him is necessary for the public good and is within the jurisdiction of such local board of health. (Enacted December 18, 1914; and amended June 14, 1920, effective July 1, 1920.)

Regulation 6. Presiding officer to convene local board and take action directed. Upon the receipt of such notice from the state commissioner of health, the presiding officer of the local board of health shall promptly convene such local board, which shall take the action directed by the said commissioner. (Enacted December 18, 1914; and amended June 14, 1920, effective July 1, 1920.)

CHAPTER IX*

Certain Health Hazards

Regulation 1. Distribution of tetraethyl lead in concentrated form to public prohibited. The sale or distribution of tetraethyl lead in concentrated form, except to refineries, bulk stations or filling stations, is hereby prohibited. Such sale or distribution shall be made in safe, sealed containers.

Nothing herein contained shall be construed to prevent the sale or distribution of tetraethyl lead in concentrated form for experimental and research purposes or for use under special circumstances to persons whose applications therefor have been approved by the state commissioner of health. (Enacted January 20, 1925; and amended and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 2. Use of nitro-cellulose x-ray film prohibited. It shall be unlawful for the person or authority in charge of maintaining, operating or conducting any hospital, clinic, dispensary, school, college, home, asylum or institution to bring into, expose or develop or allow to be brought into, exposed or developed in such institution any nitro-cellulose material in the form of sheet film or other form intended to be exposed to Roentgen rays, x-rays, or to light of any kind.

Any such nitro-cellulose film, or material that may be in or upon the premises of any such institution and already exposed and developed at the time this regulation becomes effective shall be stored only in accordance with the following provisions:

(a) Under no circumstances shall any film be stored in a basement.

(b) Unless another method of storage provided herein is used, twenty-five pounds of film or less shall be stored in a box or cabinet insulated with non-combustible material, such box or cabinet to be located preferably on the upper floor.

(c) Unless such film is stored in a vault as provided herein, film in excess of twenty-five pounds but less than four hundred pounds shall be stored in self-closing cabinets insulated with non-combustible material not over two hundred pounds to each cabinet, such cabinets to be vented to the outside air, the cross-sectional area of the vent to be not less than 2 square inches throughout its length for each cubic foot of cabinet space, the vent to open above the roof line and the opening to be at least twenty-five feet in a horizontal direction from any door or window in the same building or in another building unless such door or window is situated below the level of the vent opening.

(d) Film in amounts of more than four hundred pounds shall be stored in a separate vault, such vault to be located either on the roof of the building or at least 75 feet distant from any other building in which there is or may be human occupancy. The walls, partitions, floor and ceiling of such vault shall be of non-combustible material, the walls to be continuous from floor to ceiling and securely anchored; for this purpose the following constructions are approved:

1 Reinforced concrete

2 Metal lath with solid cement plaster not less than two and one-half inches thick

3 Three-quarters of an inch of cement or gypsum plaster on metal lath on each side of studs

4 Brick

5 Tile

6 Hollow concrete block

} plastered to a thickness of one-fourth inch

* Originally a part of former Chap. VII, then entitled Miscellaneous.

Such vault shall be vented to the outside air, the cross-sectional area of the vent to be not less than 2 square inches throughout its length for each cubic foot of vault capacity, the opening of the vent to be above the roof line of the vault, and if such vault is located on the roof of the building the opening of the vent shall be at least 25 feet in a horizontal direction from any door or window in the same building or in another building unless such door or window is below the level of the vent opening.

Such vault shall be equipped with a self-closing door which when closed shall be tight enough to prevent the passage of flame around the edges.

(e) In a room where films are stored there shall be no method of heating other than steam or hot water. Film storage cabinets shall be placed not nearer than two feet to radiators or heating pipes. Radiators shall be protected by screening at least two feet from the radiator and of such a form that a horizontal surface is not presented.

(f) Only incandescent electric lights shall be permitted in a room in which film is stored. Such lights shall be protected with vapor proof globes. The use of portable lights on extension cords is prohibited. All electric fixtures, appliances, and wiring shall be approved for, and installed and maintained in accordance with the requirements for hazardous atmospheres.

(g) Smoking shall be prohibited in all rooms where film is stored and "No Smoking" signs shall be posted conspicuously. The principal administrative officer shall exercise due diligence to secure compliance with this regulation.

(h) The door to an outside storage vault shall be self-locking, opening from the outside only by means of a key, and a conspicuous warning sign calling attention to the inflammable and explosive character of the contents of the vault shall be posted thereon. (Enacted June 26, 1929; amended September 11, 1929; amended and renumbered June 28, 1932; amended January 16, 1942; and May 15, 1942, effective June 1, 1942.)

Regulation 3. Poisonous substances for polishing kitchenware or silverware prohibited. No polish or article or substance containing any cyanide preparation or other poison shall be sold or offered for sale when such sale is obviously or presumably for the cleaning of nickle, copper, silverware or silver plated ware or other articles or utensils used for the service or preparation of food or food stuffs in any hotel, club, restaurant, public institution or public eating place.

No polish or article or substance containing any cyanide preparation or other poison shall be used for the cleaning of nickle, copper, silverware or silver plated ware or other articles or utensils used for the service or preparation of food or food stuffs in any hotel, club, restaurant, public institution or public eating place. (Enacted November 6, 1929; amended June 30, 1931; and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 4. Manufacture, sale or the offer for sale of shaving or lather brushes made of animal hair or animal bristles regulated. No person shall manufacture, sell or offer for sale a shaving or lather brush unless all animal hair or animal bristles used in the manufacture thereof shall have been obtained from an establishment under permit from the United States Public Health Service for the sterilization of such hair or bristles in accordance with Section 12.14 ("Shipment of shaving or lather brushes") of the Interstate Quarantine Regulations, pursuant to the provisions of Section 3 of the act of Congress approved February 15, 1893, 27 Stat. 450, as amended. (Enacted February 11, 1919; amended December 6, 1921; amended and renumbered June 28, 1932; and amended May 21, 1943, effective July 1, 1943.)

Regulation 5. Spitting in public places forbidden. Spitting upon the floor of public buildings or buildings used for public assemblage, or upon the floors

or platforms or any part of any railroad or trolley car or ferry boat, or any other public conveyance, is forbidden. (Enacted December 18, 1914; and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 6. Common towel forbidden. No person, firm, corporation or authorities owning, in charge of, or in control of any lavatory or wash room in any hotel, lodging house, restaurant, factory, school, store, office building, railway or trolley station, or public conveyance by land or water shall provide in or about such lavatory or wash room any towel for common use. The term "common use" in this regulation shall be construed to mean, for use by more than one person without cleansing. (Enacted December 18, 1914; amended April 27, 1920; and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 7. Common drinking cups and drinking and eating utensils forbidden. The use of common drinking cups, and of common drinking or eating utensils in any public place or public institution, or in any hotel, lodging house, theatre, factory, store, school or public hall; or in any railway or trolley car or ferry boat; or in any railway or trolley station or ferry house; or the furnishing of any such common drinking cup or drinking or eating utensil for common use in any such place is prohibited.

The term "common use" in this regulation shall be construed to mean for use by more than one person without adequate cleansing. (Enacted December 18, 1914; amended March 4, 1915; amended and renumbered June 28, 1932, effective September 1, 1932.)

Regulation 8. Sale or use of lead nipple shields prohibited. The sale or use of metal or foil breast nipple shields made of or containing lead is prohibited. This regulation shall take effect February 1, 1939. (Enacted January 20, 1939, effective February 1, 1939.)

Regulation 9. Poisonous insecticides and exterminators. The term insecticide or exterminator as used herein shall mean and include any substance containing a poison used for the destruction or control of insects, fungi, vermin, rodents, or other pests, provided that the term shall not include fumigants nor products sold for manufacturing or non-insecticidal purposes. The term poison shall mean any drug, chemical or preparation which is liable to be destructive to adult human life in quantities of sixty grains or less. The sale, distribution, possession, or use of an insecticide or exterminator is prohibited unless the container bears a label legibly and conspicuously printed with the word "POISON" and the symbol of the skull and cross-bones in red, together with the antidote therefor and the name and address of the manufacturer, packer, or distributor. Bags, packages, barrels, and drums used as such containers shall have the word "POISON" and the skull and cross-bones indelibly printed, painted or stenciled thereon. The word "POISON" shall be in bold-face type of a larger size than the other wording except the name of the product and of the manufacturer, packer, or distributor.

Insecticides or exterminators in the form of a white powder consisting wholly of or containing arsenic in its elemental form or in any of its combinations or fluorine in any of its combinations if sold, offered for sale, or otherwise possessed or used shall be colored blue, red, or green to an intensity not less than value 8 chroma 4 in accordance with the Munsell System of Color Notation or to a neutral shade corresponding to a value of 7.0 according to said system. Such insecticides or exterminators when intended or used for agricultural purposes need not be colored unless kept, stored, or used in a room in which food is manufactured or prepared or in which powdered food is stored for purposes other than commercial storage or storage in transit. (Enacted December 19, 1941; amended December 17, 1943; and March 17, 1944, effective January 1, 1945.)

CHAPTER X*

Barber Shops and Beauty Parlors

Regulation 1. Barber shops, hairdressing establishments, manicuring and beauty parlors. This regulation shall apply to all barber shops, hairdressing establishments, manicuring parlors and beauty parlors and the aforementioned terms shall include all premises or portions thereof wherein the business of shaving, clipping, cutting, trimming, singeing, shampooing, massaging, manicuring, dressing, adorning or beautifying the human hair, face, scalp or hands is conducted for fee, charge or hire.

Every person in charge of any such establishment shall keep such establishment at all times in a clean and sanitary condition.

No operator shall be employed in any such establishment who is affected with syphilis in the infective stage or with any other infectious disease in a communicable stage or with any communicable affection of the skin.

The hands of the operator shall be washed with soap and water before serving each customer.

Hair brushes and combs shall be kept clean at all times.

Shaving mugs and brushes and finger bowls shall be thoroughly rinsed with hot water after each use thereof.

There shall be a separate clean towel for each customer. The head rest shall be covered by a clean towel or paper for each customer.

Alum or other material used to stop the flow of blood shall be applied in powdered or liquid form only.

After the handling of a customer affected with any eruption, or whose skin is broken out, or is inflamed or contains pus, the hands of the attendant shall be disinfected immediately. This shall be done by thorough washing with soap and water, followed by rinsing in alcohol (70 to 80 per cent) or in a solution of corrosive sublimate (1 to 1,000), or by the use of some equally efficient disinfectant.

The instruments used on a customer shall be made safe immediately after such use by washing with soap and water and dipping for one minute in a ten per cent solution of commercial formalin; or dipping for three minutes in alcohol (70 to 80 per cent), or by the use of some equally efficient disinfectant.

No cup or brush which has been used in the shaving of a customer affected with any of the above infectious disorders of the face shall be used for another customer unless the cup shall have been emptied and cleansed by boiling water and furnished with fresh soap, and the brush has been sterilized by a three minutes' immersion in alcohol (70 to 80 per cent), or in a corrosive sublimate solution (1 to 1,000), or by the use of some equally efficient disinfectant.

No powder puff, sponge or neck duster shall be used in any such establishment.

The use of soap in common, or for more than one person is prohibited in any such establishment.

The person in charge of every barber shop, hairdressing establishment, manicuring parlor and beauty parlor shall post conspicuously in such establishment a copy of this regulation. (Enacted December 18, 1914; amended February 2, 1915; February 11, 1919; June 29, 1927; and amended and renumbered June 28, 1932, effective September 1, 1932.)

* Originally a part of former Chap. VII. then entitled Miscellaneous.

CHAPTER XI

Qualifications of Public Health Personnel

SECTION A—LOCAL HEALTH OFFICERS*

Regulation 1. Definitions. The term "local health officer" as used in this chapter shall be construed to mean a health officer or health commissioner of a city, a county commissioner of health or a health officer of a town, village or consolidated health district in New York state. (Enacted May 20, 1932, effective June 1, 1932.)

Regulation 2. Qualifications required. No person shall hereafter be appointed as a local health officer unless he shall possess at the time of appointment, the qualifications hereinafter prescribed for such position: Provided, that any local health officer holding office prior to April 1, 1946 who possessed the qualifications prescribed by the public health council at the time of his appointment shall be qualified for reappointment. (Enacted May 20, 1932; and amended February 15, 1946, effective April 1, 1946.)

Regulation 3. Preliminary qualifications. All local health officers shall be physicians and, except those now holding office as local health officers, shall be licensed or eligible for examination for license to practice medicine in New York state. (Enacted May 20, 1932, effective June 1, 1932.)

Regulation 4. Grades established. There are hereby established qualifications for local health officers in two grades to be known as Grade I and Grade II. Health officers of cities having a population of more than 50,000 at the next preceding federal census, and all county health commissioners shall have the qualifications prescribed for Grade I, provided that in cities having health departments organized under the provisions of chapter 249, laws of 1921, a physician who has received the degree of doctor of public health in a course in any institution of learning recognized by the university of the state of New York shall be eligible for appointment as health officer. Health officers of all towns, villages, consolidated health districts, and of cities having less than 50,000 population at the next preceding federal census shall have the qualifications prescribed for Grade II. (Enacted May 20, 1932; and amended June 26, 1934, effective June 30, 1934.)

Regulation 5. Qualifications, Grade I. The qualifications for health officers in Grade I shall be practical experience and/or special training and education in public health, consisting of:

- (a) Not less than four years of full-time experience in a responsible public health position. Or,
- (b) Not less than two years of full-time experience in a responsible public health position and the completion of a course in public health approved by the public health council of at least one scholastic year in residence. Or,
- (c) A combination of part-time or full-time experience in public health with special training which combination in the opinion of the council is the equivalent of either of the above qualifications. (Enacted May 20, 1932, effective June 1, 1932.)

* See Public Health Law, sections 2-c and 20. Regulations relating to local health officers were originally adopted as a resolution of the public health council July 6, 1915, and subsequently amended from time to time.

Regulation 6. Qualifications, Grade II. The qualifications for health officers in Grade II shall consist of the completion of a postgraduate course in public health approved by the public health council as qualifying for this grade if appointment as health officer is made within eight years after the completion of such course: Provided, that under special circumstances specified in a written statement by the appointing authority which shall indicate enrollment in or willingness to enroll in and satisfactorily complete a postgraduate course in public health approved by the public health council, the public health council may waive the requirements for a health officer in Grade II as to any proposed appointment, such waiver to be valid for a period not longer than two years. (Enacted May 20, 1932; amended December 16, 1932; June 23, 1936; and February 15, 1946, effective April 1, 1946.)

Regulation 7. Submission of qualifications. Any physician may submit his qualifications or any local appointing authority may submit the qualifications of a physician, to the public health council for opinion as to whether or not he meets the qualifications of a specified grade. (Enacted May 20, 1932, effective June 1, 1932.)

Regulation 8. Examination may be requested. The public health council may request any physician whose qualifications it is called upon to consider, to take such written, oral and practical examinations in public health as the council may direct. (Enacted May 20, 1932, effective June 1, 1932.)

Regulation 9. Lists to be maintained. The state commissioner of health may maintain lists of persons who have submitted to the council evidence satisfactory to it that they possess the qualifications for either of the two grades herein established. (Enacted May 20, 1932; and amended February 15, 1946, effective April 1, 1946.)

SECTION B—PUBLIC HEALTH NURSES *

Regulation 11. Definitions. The term "public health nurse" as used in this chapter shall mean a nurse employed pursuant to the provisions of the public health law by the state department of health, a county health commissioner, the health officer of a town, village or consolidated health district, or a town board, or by a county board of supervisors or the board of managers of a county tuberculosis sanatorium pursuant to the provisions of paragraph 44-a, section 12 and section 47 of the county law, or a nurse employed by the health authority of a city to provide, wholly or in part through domiciliary visits, instruction in medical, sanitary and social procedures for the prevention of disease, correction of defects and the promotion of health and to render assistance in the application of such procedures and in the domiciliary care of the sick. The term "public health nursing experience" shall mean experience acquired through domiciliary nursing visits while in the employ of a public or private agency authorized to provide a public health nursing service.

The term "adequate nursing supervision" shall mean direct supervision by a public health nurse qualified as hereinafter provided. Such supervision shall include: (1) giving preliminary instruction in the technique and purposes of nursing visitation; (2) visiting from time to time with the supervised nurse the families under her charge; (3) giving continuous instruction by means of office and field conferences.

An "approved program of instruction" in public health nursing shall mean a program of instruction inclusive of courses specified by the public

* See Public Health Law, section 2-c. Regulations relating to public health nurses were originally adopted as a resolution of the public health council April 21, 1914, and subsequently amended from time to time.

health council as essential to prepare nurses to assume the duties of a public health nurse in accordance with the responsibilities of the position to which appointment is to be made. Such courses shall have been approved for their respective purposes by the public health council and shall be given in a college or university approved by the New York state education department. (Enacted June 28, 1932; amended May 18, 1934; and June 22, 1945, effective September 1, 1945.)

Regulation 12. Preliminary qualifications required. No person shall hereafter be appointed as a "public health nurse" unless she shall possess at the time of appointment, the following preliminary qualifications in addition to those hereinafter specified for the several grades of positions:

(a) Shall be a graduate of a school of professional nursing approved by the New York state board of examiners of nurses;

(b) Shall be licensed or eligible for examination for license to practice as a registered professional nurse in New York state;

(c) Shall have graduated from a standard senior high school or have had an equivalent education as determined by the New York state education department: Provided, that this requirement shall be waived for public health nurses graduated from a school of nursing before 1932 who have had at least five years of "public health nursing experience" within the ten years next preceding the date of submission of qualifications. (Enacted June 28, 1932; and amended June 22, 1945, effective September 1, 1945.)

Regulation 13. Grades established. There are hereby established qualifications for public health nurses in three grades to be known as public health nurse for field service, public health nurse for supervision, and public health nurse for direction. (Enacted June 28, 1932; and amended June 22, 1945, effective September 1, 1945.)

Regulation 14. Qualifications, Public Health Nurse for Field Service. A public health nurse responsible for carrying out an assigned field service in a public health nursing program shall possess the following qualifications:

(a) The completion of an "approved program of instruction" in public health nursing of at least one scholastic year in residence; or,

(b) A combination of "public health nursing experience" and special training which combination in the opinion of the public health council is the equivalent of the above qualification: Provided, that under special circumstances specified in a written statement by the appointing authority which shall include the facts relating to the provision for postgraduate instruction in public health nursing, the content of the public health program and the adequacy of the nursing supervision under which the applicant is to serve, the public health council may waive the preceding requirements of this regulation for a period not to exceed two years. A statement signed by the proposed appointee giving her education and experience shall accompany such request. (Enacted June 28, 1932; amended June 26, 1934; and June 22, 1945, effective September 1, 1945.)

Regulation 15. Qualifications, Public Health Nurse for Supervision. A public health nurse responsible for the supervision through instruction and guidance of nurses employed to carry out an assigned field service in a public health nursing program shall possess the following qualifications:

(a) Graduation from a university or college approved by the New York state education department, with a bachelor's degree in nursing, arts, or science, which included or was supplemented by the courses prescribed for an "approved program of instruction" in public health nursing for the responsibilities of supervision; and, three years of "public health nursing experience," at least two of which were under "adequate nursing supervision;" or,

(b) Any combination of education and "public health nursing experience" which in the opinion of the public health council is the equivalent of the above qualification. (Enacted June 22, 1945, effective September 1, 1945.)

Regulation 16. Qualifications, Public Health Nurse for Direction. A public health nurse responsible for assisting the health authority in planning, directing, developing and evaluating the public health nursing service in relation to the total health program, assisting in the correlation of the program with the programs of related agencies, and providing, either directly or through an assistant, "adequate nursing supervision" for public health nurses for field service shall possess the following qualifications:

(a) Graduation from a university or college approved by the New York state education department, with a bachelor's degree in nursing, arts, or science, which included or was supplemented by the courses prescribed for an "approved program of instruction" in public health nursing for the responsibilities of direction; and, five years of "public health nursing experience," at least two of which were under "adequate nursing supervision" and two of which involved responsibility for supervision of public health nurses; or,

(b) Any combination of education and "public health nursing experience" which in the opinion of the public health council is the equivalent of the above qualification. (Enacted June 22, 1945, effective September 1, 1945.)

Regulation 17. Employment of a "public health nurse;" prior approval or waiver of qualifications required. No local appointing authority shall hereafter employ any "public health nurse" unless the proposed appointee shall have presented satisfactory evidence from the state department of health that she possesses the qualifications established by this section for the responsibilities of the position for which such nurse is to be employed; or, unless, for the employment of a public health nurse for field service, the appointing authority has received notification that the public health council has waived the requirement for qualifications in her case as provided for in regulation 14 of this section. (Enacted June 22, 1945, effective September 1, 1945.)

SECTION C—LABORATORY PERSONNEL*

Regulation 18. Definitions. The terms "director," "pathologist," and "bacteriologist," as used in this section, shall be construed to mean respectively, directors of laboratories, directors or their assistants in charge of pathological examinations in laboratories, and bacteriologists in charge of laboratories, or in charge of bacteriological examinations in laboratories, in instances where such laboratories have been approved pursuant to section 4-b of the public health law. (Enacted June 28, 1932; and amended May 21, 1937, effective June 1, 1937.)

Regulation 19. Qualifications required. No person shall hereafter be appointed as a director, pathologist, or bacteriologist, unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. (Enacted June 28, 1932; and amended May 21, 1937, effective June 1, 1937.)

Regulation 20. Preliminary qualifications. All directors, pathologists and bacteriologists shall possess the integrity and ability to conduct a laboratory in which satisfactory standards of work can be maintained; directors and pathologists shall be graduates in medicine of schools recognized by the regents

* See Public Health Law, section 4-b. Regulations relating to laboratory personnel were originally adopted as a resolution of the public health council December 11, 1923, and subsequently amended from time to time.

of the university of the state of New York and licensed to practice medicine or eligible for examination for license to practice medicine in the state of New York; and bacteriologists shall possess the educational requirements for a doctorate degree in science, public health or medicine as prescribed by a university holding membership in the association of American universities: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Enacted June 28, 1932; and amended May 21, 1937, effective June 1, 1937.)

Regulation 21. Qualifications, directors. The qualifications for directors shall include an adequate knowledge of pathology and bacteriology and, subsequent to graduation, at least four years' training and experience in pathological and bacteriological work approved by the public health council: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Enacted June 28, 1932; and amended May 21, 1937, effective June 1, 1937.)

Regulation 22. Qualifications, pathologists. The qualifications for pathologists shall include an adequate knowledge of pathology and, subsequent to graduation, at least four years' training and experience in pathological work, approved by the public health council, of which at least one year shall have been devoted to training and experience in the diagnosis of neoplastic disease: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Enacted June 28, 1932; and amended May 21, 1937, effective June 1, 1937.)

Regulation 23. Qualifications, bacteriologists. The qualifications for bacteriologists shall include, subsequent to graduation, at least four years' experience or training in pathology and bacteriology or in bacteriology alone, approved by the public health council: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Enacted June 28, 1932; amended January 19, 1934; and May 21, 1937, effective June 1, 1937.)

SECTION D—DAIRY AND MILK INSPECTORS

Regulation 25. Definition. The term "milk inspector" as used in this section shall be construed to be synonymous with "dairy and milk inspector" and shall mean any individual who is paid from public funds, other than a local health officer, and who is employed or appointed by any county, city, town, village, or consolidated health district, to inspect milk pasteurizing or milk bottling plants, or dairy farms or herds, except that it shall not apply to a veterinarian employed occasionally to make physical examinations or tests of cattle. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 26. Qualifications required. No person shall be appointed hereafter as milk inspector unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to October 1, 1937, nor to an individual engaged on September 30, 1937 as such an inspector so as to interfere with his continuance in the same position in the same district where then employed. (Enacted September 24, 1937; and amended March 15, 1940, effective April 1, 1940.)

Regulation 27. Preliminary qualifications. A milk inspector shall be physically capable of performing his duties, able to read, write, make simple arithmetical computations and shall produce evidence acceptable to the appointing authority as to his character and his ability to perform the required duties. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 28. Grades established. There are hereby established qualifications for milk inspectors in three grades to be known as Grade I, Grade II, and Grade III.

Grade I. Milk inspectors in charge of the milk inspection service of any county or county health district, or of any city having a population of 50,000 or more, according to the last federal census, shall have the qualifications prescribed for Grade I.

Grade II. Milk inspectors in charge of the milk inspection service of a city, town, village, or consolidated health district having a population of more than 10,000 and less than 50,000 according to the last federal census, and milk inspectors acting under general supervision of milk inspectors in municipalities or districts in which milk sanitation is required to be under the charge of Grade I inspectors, shall have the qualifications prescribed for Grade II.

Grade III. Milk inspectors of any city, town, village, or consolidated health district having a population of less than 10,000 according to the last federal census, and milk inspectors acting under general supervision of milk inspectors in municipalities or districts in which milk sanitation is required to be under the charge of Grade II milk inspectors, shall have the qualifications prescribed for Grade III.

Nothing herein shall be construed to prevent the employment or appointment of a milk inspector in a grade lower than that for which he is qualified. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 29. Qualifications, Grade I. The qualifications for milk inspectors in Grade I shall be practical experience and special training and education in milk sanitation, consisting of:

(a) Graduation from a university or school of recognized standing with a degree in public health or sanitary engineering, veterinary medicine or agriculture, provided that graduates shall have completed acceptable courses in milk sanitation; and shall have had not less than one year of satisfactory full-time experience in milk sanitation; or,

(b) Completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory full-time experience in milk sanitation; or,

(c) Any combination of education, training and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 30. Qualifications, Grade II. The qualifications for milk inspectors in Grade II shall be practical experience and special training and education in milk sanitation, consisting of:

(a) Graduation from a high school and completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than one year of satisfactory full-time experience in milk sanitation; or,

(b) Completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory full-time experience in milk sanitation; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of any of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 31. Qualifications, Grade III. The qualifications for milk inspectors in Grade III shall be practical experience and/or special training and education in milk sanitation, consisting of:

- (a) Not less than one year of satisfactory experience in milk sanitation; or,
- (b) Completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three months of satisfactory experience in milk sanitation; or,
- (c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 32. Submission of evidence of qualifications. Any person may submit evidence of his qualifications or any appointing authority may submit evidence of the qualifications of any person, to the public health council for opinion as to whether or not such person meets the qualifications for milk inspectors in a specified grade. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 33. Authority to waive requirements or to require examinations. The public health council may, under special circumstances specified by the local appointing authority or by the proposed milk inspector, waive the requirements in any grade as to any proposed appointment, such waiver to be valid for such period as may be specified by the public health council but not for a period longer than the term of the proposed appointment. The public health council may require any person whose qualifications it is called upon to consider, to take such written, oral, or practical examination as it may direct. (Enacted September 24, 1937, effective October 1, 1937.)

SECTION E—OPERATORS OF PUBLIC WATER TREATMENT AND PURIFICATION PLANTS

Regulation 35. Definition. The term "operator" as used in this section shall mean any individual who is paid from public funds and who is employed or appointed by any county, city, village, town or district, or by any state department as the person in charge of the operation of any water treatment or purification plant or essential part thereof. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 36. Qualifications required. No person shall be appointed hereafter as operator unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to October 1, 1937, nor to an individual engaged on September 30, 1937 as such an operator so as to interfere with his continuance in the same position in the same plant where then employed. (Enacted September 24, 1937; and amended March 15, 1940, effective April 1, 1940.)

Regulation 37. Preliminary qualifications. An operator shall be physically capable of performing his duties, able to read, write, make simple arithmetical computations and shall produce evidence acceptable to the appointing authority as to his character and his ability to maintain and operate properly all equipment entrusted to his care. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 38. Grades established. There are hereby established qualifications for operators in three grades to be known as Grade I, Grade II, and Grade III.

Grade I. The following operators shall have the qualifications prescribed for Grade I:

(1) Operators responsible for or in charge of the operation of any water treatment or purification plant supplying water to a population of more than 20,000; or,

(2) Operators responsible for or in charge of the operation of any water purification plant employing a filtration process and supplying water to a population of more than 10,000.

Grade II. The following operators shall have the qualifications prescribed for Grade II:

(1) Operators responsible for or in charge of the operation of any water treatment plant not employing a filtration process and supplying water to a population of from 5,000 to 20,000; or,

(2) Operators responsible for or in charge of the operation of any water purification plant employing a filtration process and supplying water to a population of less than 10,000; or,

(3) Operators acting under general supervision in plants required to be under the charge of Grade I operators.

Grade III. The following operators shall have the qualifications prescribed for Grade III:

(1) Operators of any water treatment plant not employing a filtration process and supplying water to a population of less than 5,000; or,

(2) Operators acting under general supervision in plants required to be under the charge of Grade II operators.

Nothing herein shall be construed to prevent the employment or appointment of an operator in a grade lower than that for which he is qualified. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 39. Qualifications, Grade I. The qualifications for operators in Grade I shall be practical experience and special training and education in water purification or treatment, consisting of:

(a) Graduation from a university or school of recognized standing with a degree in public health, sanitary, chemical, or civil engineering, provided that graduates in chemical or civil engineering shall have completed acceptable courses in sanitation; and, provided that all shall have had not less than one year of satisfactory experience in a water purification or treatment plant; or,

(b) Completion of a course of instruction in water purification or treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than five years of satisfactory experience in a water purification or treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 40. Qualifications, Grade II. The qualifications for operators in Grade II shall be practical experience and special training and education in water purification or treatment, consisting of:

(a) Graduation from a high school and completion of a course of instruction in water purification or treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than one year of satisfactory experience in a water purification or treatment plant; or,

(b) Completion of a course of instruction in water purification or treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory experience in a water purification or treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 41. Qualifications, Grade III. The qualifications for operators in Grade III shall be practical experience and/or special training and education in water purification or treatment, consisting of:

(a) Not less than one year of satisfactory experience in a water purification or treatment plant; or,

(b) Completion of a course of instruction in water purification or treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three months of satisfactory experience in a water purification or treatment plant; or,

(c) Any combination of education, training and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 42. Submission of evidence of qualifications. Any person may submit evidence of his qualifications, or any appointing authority may submit evidence of the qualifications of any person, to the public health council for opinion as to whether or not such person meets the qualifications for operators in a specified grade. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 43. Authority to waive requirements or to require examinations. The public health council may, under special circumstances specified by the local appointing authority or by the proposed operator, waive the requirements in any grade as to any proposed appointment, such waiver to be valid for such period as may be specified by the public health council but not for a period longer than the term of the proposed appointment. The public health council may require any person, whose qualifications it is called upon to consider, to take such written, oral, or practical examination as it may direct. (Enacted September 24, 1937, effective October 1, 1937.)

SECTION F—OPERATORS OF PUBLIC SEWAGE TREATMENT PLANTS

Regulation 45. Definition. The term "operator" as used in this section shall mean any individual, who is paid from public funds and who is employed or appointed by any county, city, village, town, or district, or by any state department, as the person in charge of the operation of any sewage treatment plant or essential part thereof. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 46. Qualifications required. No person shall be appointed hereafter as operator unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to October 1, 1937, nor to an individual engaged on September 30, 1937 as such an operator so as to interfere with his continuance in the same position in the same plant where then employed. (Enacted September 24, 1937; and amended March 15, 1940, effective April 1, 1940.)

Regulation 47. Preliminary qualifications. An operator shall be physically capable of performing his duties, able to read, write, and make simple arithmetical computations and shall produce evidence acceptable to the appointing authority as to his character and his ability to maintain and operate properly all equipment entrusted to his care. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 48. Grades established. There are hereby established qualifications for operators in three grades, to be known as Grade I, Grade II, and Grade III.

Grade I. The following operators shall have the qualifications prescribed for Grade I:

(1) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of more than 40,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary; or,

(2) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 20,000 to 40,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of the process of separate sludge digestion, chemical precipitation, incineration of sludge, activated sludge, or biological oxidation; or,

(3) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 10,000 to 20,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of the activated sludge process.

Grade II. The following operators shall have the qualifications prescribed for Grade II:

(1) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 20,000 to 40,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of any process, except separate sludge digestion, chemical precipitation, incineration of sludge, activated sludge, or biological oxidation; or,

(2) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 10,000 to 20,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of any process except activated sludge; or,

(3) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 5,000 to 10,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of the process of separate sludge digestion, chemical precipitation, incineration of sludge, activated sludge, or biological oxidation; or,

(4) Operators responsible for or in charge of any sewage treatment plant to which the sewage of less than 5,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of the process of gas collection, chemical precipitation, or activated sludge; or,

(5) Operators acting under general supervision in plants required to be under the charge of Grade I operators.

Grade III. The following operators shall have the qualifications prescribed for Grade III:

(1) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 5,000 to 10,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of any process, except separate sludge digestion, chemical precipitation, incineration of sludge, activated sludge, or biological oxidation; or,

(2) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of less than 5,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of any process, except gas collection, chemical precipitation, or activated sludge; or,

(3) Operators acting under general supervision in plants required to be under the charge of a Grade II operator.

Nothing herein shall be construed to prevent the employment or appointment of an operator in a grade lower than that for which he is qualified. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 49. Qualifications, Grade I. The qualifications for operators in Grade I shall be practical experience and special training and education in sewage treatment, consisting of:

(a) Graduation from a university or school of recognized standing with a degree in public health, sanitary, chemical, or civil engineering, provided that graduates in chemical or civil engineering shall have completed acceptable courses in sanitation; and provided that all shall have had not less than one year of satisfactory experience in a sewage treatment plant; or,

(b) Completion of a course of instruction in sewage treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory experience in a sewage treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 50. Qualifications, Grade II. The qualifications for operators in Grade II shall be practical experience and special training and education in sewage treatment, consisting of:

(a) Graduation from a high school and completion of a course of instruction in sewage treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than one year of satisfactory experience in a sewage treatment plant; or,

(b) Completion of a course of instruction in sewage treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than two years of satisfactory experience in a sewage treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937)

Regulation 51. Qualifications, Grade III. The qualifications for operators in Grade III shall be practical experience and/or special training and education in sewage treatment, consisting of:

(a) Not less than one year of satisfactory experience in a sewage treatment plant; or,

(b) Completion of a course of instruction in sewage treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three months of satisfactory experience in a sewage treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 52. Submission of evidence of qualifications. Any person may submit evidence of his qualifications or any appointing authority may submit evidence of the qualifications of any person, to the public health council for

opinion as to whether or not such person meets the qualifications for operators in a specified grade. (Enacted September 24, 1937, effective October 1, 1937.)

Regulation 53. Authority to waive requirements or to require examinations. The public health council may, under special circumstances specified by the local appointing authority or by the proposed operator, waive the requirements in any grade as to any proposed appointment, such waiver to be valid for such period as may be specified by the public health council but not for a period longer than the term of the proposed appointment. The public health council may require any person, whose qualifications it is called upon to consider, to take such written, oral, or practical examination as it may direct. (Enacted September 24, 1937, effective October 1, 1937.)

AMENDED
See Supplement

Wm. T. H. H. H.

CHAPTER XIII*

Maternity Hospitals or Homes

Regulation 1. Definition. Any hospital or home which is not incorporated and which is not a public institution as provided in Section 482, subdivision 2 of the Penal Law and into which women not related to the proprietor or person in charge by blood or marriage are received to be cared for during pregnancy, during parturition, or while recovering from parturition, shall be considered a maternity hospital or home.

Each maternity hospital or home shall have a name, which name shall appear on the license form and on all certificates of birth and death occurring in the hospital or home. (Enacted June 28, 1932; amended November 20, 1936; and April 16, 1937, effective May 4, 1937.)

Regulation 2. License and inspection. Each maternity hospital or home shall, before the admission of any patient, obtain annually from the state commissioner of health a license to conduct and maintain such a hospital or home. On and after December 1, 1936, no license for the conduct of a maternity hospital or home shall be issued to any person unless he or she is a physician or midwife licensed to practice in the state of New York, or a registered nurse registered in the state of New York, except that this shall not apply to proprietors licensed previous to December 1, 1936. On and after December 1, 1936, every proprietor of a maternity hospital or home, not a physician or midwife licensed in the state of New York, or a registered nurse registered in the state of New York, if maintaining an establishment with a capacity of four or more beds, shall employ a nurse so registered to give full time attention to maternity patients while they are under care in such maternity hospital or home.

No license shall be issued by the state commissioner of health to any person to maintain a maternity hospital or home unless the commissioner or his duly authorized agent shall have made an inspection of the premises. A record of each such inspection shall be made on a form prescribed by the state commissioner of health and such record shall be filed in his office.†

In each maternity hospital or home the license shall be kept posted by the licensee in a conspicuous place.

Each license for a maternity hospital or home shall state the maximum number of beds which are provided and reserved for maternity patients only and no more maternity patients than that number shall be cared for at any one time. The capacity as stated in the license shall not exceed the number of beds so reserved.

Every proprietor of a maternity hospital or home shall maintain a register containing the names and addresses of all maternity patients cared for and such other information as may be required by the state commissioner of health or by section four hundred eighty-two of the penal law and section three hundred three of the state charities law.

If the maternity service for which such license was issued be discontinued, or if the license expires or be revoked, such license shall be returned immediately to the state department of health, together with all registers. (Enacted January 9, 1917; amended June 27, 1928; amended and renumbered June 28, 1932; and amended November 20, 1936, effective December 1, 1936.)

Regulation 3. General requirements. In maternity hospitals or homes each patient shall have and occupy a separate bed located in a room adequately ventilated and providing at least eighty square feet of floor space for each bed.

* Formerly Chap. VIII, amended and renumbered June 28, 1932.

† See Penal Law, section 482 and Social Welfare Law, section 381.

In any maternity hospital or home in which there are rooms accommodating more than one patient, the beds shall be separated by spaces at least three feet in width; a separate adequately ventilated room shall be provided exclusively for newborn infants, with one crib for each infant.

In a maternity hospital or home with a capacity of four or more patients, a delivery room which shall be used for no other purpose, shall be provided and maintained, separate and distinct from the bedrooms and from any operating room used for general hospital service. The delivery room shall be equipped with running water and furnished with such minimum equipment as may be prescribed by the state commissioner of health. Except with the permission of the state commissioner of health such delivery room shall be located on the same floor as that on which the maternity patients are cared for.

Where general hospital service is given, the bedrooms for maternity patients and for newborn infants and the delivery rooms shall occupy an entire floor, or a separate wing of a floor, reserved exclusively for maternity patients, and the floor or wing so reserved shall not be occupied by other medical or surgical patients.

Every floor in a maternity hospital or home shall be adequately equipped with fire extinguishers approved by the state commissioner of health, and no patient shall be cared for above the first floor unless there is adequate provision approved by the state commissioner of health for safe exit in an emergency, with easy access from patients' rooms in case of fire.*

The surfaces of all ceilings, walls and floors and furnishings in delivery rooms and in rooms to be occupied by maternity patients or newborn infants shall be of washable material and such rooms shall be provided with suitable equipment necessary for the care of mothers and infants. Such rooms shall be maintained in a cleanly condition at all times.

Adequate and sanitary bathing and toilet facilities shall be provided for maternity patients and for infants.

All outside doors, windows and other outside openings shall be screened, except during the winter.

Adequate facilities shall be provided for the sterilization of instruments and water, and for the steam sterilization of supplies.

Each maternity hospital or home shall have at least a minimum of equipment as prescribed by the state commissioner of health. (Enacted June 28, 1932; and amended November 20, 1936, effective December 1, 1936.)

Regulation 4. Standard procedures. No maternity patient shall be cared for in the same room with a patient not a maternity case and equipment and beds used by maternity patients shall not be used by other persons.

Except in a temporary emergency, no infant shall be cared for in a maternity hospital or home except during the residence of the mother therein, without the approval of the state commissioner of health or his authorized agent.

Every patient in a maternity hospital or home shall be attended during confinement and supervised during the puerperium by a registered physician or a licensed midwife.

The advantage of breastfeeding shall be explained and emphasized to the mother by the physician or midwife in attendance and artificial feeding shall not be resorted to except upon a specific written order from a physician.

It shall be the duty of the attending physician, midwife, nurse or other person in attendance on a confinement to drop into both eyes of the infant immediately on delivery a one per cent solution of nitrate of silver or some other agent equally efficient for preventing ophthalmia neonatorum.†

Before either mother or infant is taken from the delivery table or bed, a

* Section 334, article XVI, Public Health Law.

† See Chap. II, regulation 12.

means of identification approved by the state commissioner of health shall be attached to each newborn infant and such means of identification shall not be removed from the infant until discharged from hospital or home.

All drugs and solutions shall be correctly and distinctly labeled and kept in a locked closet when not in use.

A chart shall be kept for each maternity patient and for each newborn infant, which shall show the history of the case, results of examinations, progress of the case and such other data as may be required by the state commissioner of health, and on a form approved by him. (Enacted June 28, 1932; and amended November 20, 1936, effective December 1, 1936.)

Regulation 5. Communicable disease. No maternity hospital or home shall accept for care or treatment any patient, not a maternity patient, suffering from influenza, erysipelas, or an infected wound or lesion, or from a communicable disease required to be isolated by the sanitary code. A maternity patient suffering from any such disease may be admitted and cared for in a maternity hospital or home if a separate room with adequate isolation facilities is available and such patient is isolated in such room.

In the event that a case of such disease develops in any patient in a maternity hospital or home, the patient shall be isolated in accordance with instructions of the local health officer, and the bed and equipment used for such patient suffering from such disease shall not be used for a maternity patient until they shall have been disinfected in accordance with the instructions of the health officer, and no other patient shall be admitted to the hospital or home until permitted by the health officer. (Enacted June 28, 1932; and amended November 20, 1936, effective December 1, 1936.)

Regulation 6. Reports. At the end of each calendar year the licensee of an unincorporated maternity hospital or home shall submit to the state commissioner of health a report of maternity cases cared for during the year and such other data and in such form as may be required by the state commissioner of health. (Enacted November 20, 1936, effective December 1, 1936.)

Regulation 7. Denial or revocation of license. For failure to comply with any state or local law, rule or regulation, or for any cause which the state commissioner of health may deem a menace to the health of the patients in the maternity hospital or home, any license may be withheld or suspended and, after due notice and opportunity for hearing has been given, may be denied or revoked. (Enacted November 20, 1936; and amended February 20, 1942, effective April 1, 1942.)

CHAPTER XIII*

Transportation of Dead Bodies

Regulation 1. Transportation of dead bodies by common carriers. The transportation of dead human bodies by common carriers shall be conducted in such manner as not to be a menace to health and shall conform to the following requirements:

(1) A transit permit and transit label issued by the local registrar of vital statistics must accompany each dead body transported by a common carrier.

The transit permit shall state the date of issuance, the name, sex, race and age of the deceased, and the cause and date of death. The transit permit shall also state the date and route of shipment, the point of shipment and destination, the method or preparation of the body, and shall bear the signature of the undertaker and the signature and official title of the officer issuing the permit.

The transit label shall state the date of issuance, the name of the deceased, the place and date of death, the name of the escort or consignee, the point of shipment and destination; and shall bear the signature and official title of the officer who issued the transit permit. The transit label shall be attached to the outer box or case.

(2) The transportation by common carriers of bodies dead of any diseases other than those mentioned in subdivision 3 shall be permitted only under the following conditions:

(a) The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than $\frac{7}{8}$ of an inch thick. All joints shall be securely put together and the box tightly closed. Either the coffin or casket, or the outer box or case, shall be watertight. Every outside case holding any dead body offered for transportation by common carrier shall bear at least four handles and when over 5 feet 6 inches in length, shall bear six handles.

(b) When the destination cannot be reached within 60 hours after death, all body orifices shall be closed with absorbent cotton and the body placed at once in a coffin or casket which shall be immediately closed and the coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(3) The transportation by common carrier of bodies dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria (membranous croup, diphtheritic sore throat), scarlet fever (scarlet rash, scarlatina), shall be permitted only under the following conditions:

All body orifices shall be closed with absorbent cotton, the body shall be enveloped in a sheet saturated with an effective disinfecting fluid and shall be placed at once in a coffin which shall be immediately and permanently closed. The coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(4) No dead bodies shall be disinterred for transportation by common carrier, or for removal to another cemetery in the same registration district, or in another district, but not requiring shipment by common carrier, without the previous consent of authorities having jurisdiction at the place of disinterment.

* Originally a part of former Chap. VII, then entitled Miscellaneous; and administrative rules for transportation of dead bodies.

The undertaker shall make a request to disinter the body on a form provided for the purpose. This form shall provide for a statement of principal facts concerning the decedent, whether body is to be transported by common carrier or otherwise, final disposition of same, and approval of health officer. Upon receipt of such request the local registrar shall issue a transit permit and transit label as required by subdivision (1) and the provisions of subdivision (2-a) shall apply. (Enacted May 4, 1915; and amended and adopted as a separate chapter June 28, 1932, effective September 1, 1932.)

CHAPTER XIV

Restaurants

Regulation 1. Definitions. (a) Restaurant. The term restaurant as used in this chapter shall mean any hotel, public restaurant, public dining room, dining car, drug store, soda fountain, steamboat, or any other establishment where food or drink for consumption upon the premises is prepared for sale or sold.

(b) Eating, drinking and cooking utensils. Eating, drinking and cooking utensils shall include all kitchenware, tableware, glassware, cutlery, utensils, containers, and other equipment with which food or drink comes into contact during the storage, preparation, or serving of food or drink, used in the restaurants. (Enacted May 20, 1938; and amended June 28, 1939, effective September 1, 1939.)

Regulation 2. General cleanliness of equipment. All show or display cases and windows, counters, shelves, tables, refrigerating cabinets and other equipment used in connection with the operation of a restaurant shall be so constructed as to be easily inspected and cleaned and shall be kept clean and in good repair and free from dust, dirt, insects and other contaminating material. All cloths used by waiters, chefs and other employees shall be clean. (Enacted May 20, 1938, effective July 1, 1938.)

Regulation 3. Cleansing and disinfection of eating, drinking and cooking utensils. All eating, drinking and cooking utensils shall be so cleansed and disinfected as to be free from bacilli of the coliform group and to have a total bacterial count of not more than 100 per utensil as determined by test in a laboratory approved for the purpose by the state commissioner of health. (Enacted May 20, 1938; and amended June 28, 1939, effective September 1, 1939.)

Regulation 4. Storage of utensils and equipment. After cleansing and disinfection, all eating, drinking and cooking utensils shall be stored in a clean place. (Enacted May 20, 1938; and amended June 28, 1939, effective September 1, 1939.)

Regulation 5. Refrigeration. All perishable food or drink shall be kept at or below 50° F., except when being prepared or served. This shall include all creamfilled pastries. (Enacted May 20, 1938, effective September 1, 1939.)

Regulation 6. Health of employees. No person suffering from a communicable disease transmissible through food or drink, or who resides in a household with a case of such disease, or who is known to be a carrier of the organisms causing such disease, and no person suffering from a local infection transmissible through food shall be employed in any restaurant. (Enacted May 20, 1938, effective July 1, 1938.)

Regulation 7. Cleanliness of employees. All employees shall wear clean outer garments and shall keep their hands clean at all times while on duty in a restaurant. (Enacted May 20, 1938, effective July 1, 1938.)

Regulation 8. Poisonous materials. No article, polish or other substance containing any cyanide preparation shall be used for the cleansing or polishing of eating or cooking utensils.

The storage, keeping, or use of any insecticide, exterminators or other substance containing a fluoride or other poison in refrigerators, on shelves or in

other places where they may contaminate foods or beverages, is prohibited. (Enacted May 20, 1938; and amended December 19, 1941, effective March 1, 1942.)

Regulation 9. Toilet facilities. Every restaurant shall provide for its employees adequate toilet facilities conveniently located, and properly constructed and maintained. (Enacted May 20, 1938, effective July 1, 1938.)

Regulation 10. Lavatory facilities. Every restaurant shall provide for its employees adequate and convenient washing facilities, including soap and individual sanitary towels. The use of a common towel is prohibited. (Enacted May 20, 1938, effective July 1, 1938.)

Regulation 11. Water supply. The water supply shall be easily accessible to rooms in which food is prepared, shall be adequate and shall be of a safe sanitary quality. (Enacted May 20, 1938, effective July 1, 1938.)

Regulation 12. Milk and cream. Only milk and cream obtained from a dealer holding a permit under chapter III of the sanitary code shall be used. Only pasteurized milk and cream shall be used whenever reasonably available. (Enacted April 24, 1942; and amended June 24, 1942, effective January 1, 1943.)

WHEN EFFECTIVE

When effective. This Code, as hereby amended on December 15, 1944, shall take effect on January 1, 1945 except that regulation 36 of Chapter III thereof shall take effect on April 1, 1945. None of the provisions of said Code as existing prior to said date are repealed and this amendment thereof shall not affect or impair any act done, offense committed or right accruing, accrued or acquired, or liability, penalty, forfeiture or punishment incurred prior to said date, but the same may be enjoyed, asserted, enforced, prosecuted or inflicted, as fully and to the same extent as if this Code had not been hereby amended. The provisions of this Code, as hereby amended, which are identical or substantially identical with the provisions thereof as existing prior to the effective date of this amendment shall be construed as a continuation of such provisions, modified or amended according to the language employed, and not as new enactments. (Enacted December 15, 1944, effective January 1, 1945.)

ADMINISTRATIVE RULES AND REGULATIONS
THE HANDLING OF BODIES OF PERSONS DYING ON COMMON
CARRIERS

Promulgated Pursuant to Authority Vested in the State Commissioner of
Health by Section 375 of Article XX of the Public Health Law

(Adopted July 5, 1932)

Rule 1. A special stop may be made by a common carrier for the purpose of removing a body, but in any event, it shall be removed at the first regular stop where an attendant is on duty and where there are known to be facilities for handling the corpse.

Rule 2. A physician accompanying a person who dies on a common carrier or a physician who is traveling on the same carrier who is called to give medical aid may certify to the cause of death and sign the certificate as the physician last in attendance on the deceased. If death occurs without medical attendance, the health officer of the district in which the body is removed shall be notified and shall certify to the cause of death and sign the certificate provided that if the health officer has reason to believe that the death may have been due to unlawful act or neglect, he shall refer the case to the coroner or other proper officer of his district for investigation and certification and this officer shall make out and sign the medical portion of the certificate of death.

Rule 3. The name of the registration district in which a body is removed from a common carrier shall be entered on the certificate of death as the place of death.

Rule 4. Upon receipt of a certificate of death which shall be filed by the undertaker engaged, or the person in charge of the body, the registrar of vital statistics of the district in which the body has been removed from a common carrier, shall issue a burial or transit permit.

PRACTICE OF EMBALMING AND UNDERTAKING

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 291 of Article XIV of the Public Health Law

(Adopted April 18, 1933; amended August 17, 1934, June 15, 1936, March 1, 1937, April 21, 1941, June 19, 1941, February 27, 1942 and July 15, 1944)

The above mentioned rules as last amended are hereby re-amended to read as below. All former provisions not included in this amendment are hereby repealed.

The provisions of Rules V-b, V-c and V-d shall apply only to advertising accepted and approved prior to April 7, 1944.

Rule II. Preliminary Training and Experience

Embalming:

(a) A person who has served satisfactorily and practically continuously as an employee under the immediate direction of a licensed embalmer for a period of not less than two years and during such employment has embalmed or assisted in the embalming of not less than fifty bodies may be deemed to have served an apprenticeship of two years.

(b) A person who has successfully completed a course of not less than six or nine months in a recognized school of embalming, and in addition thereto has served a satisfactory apprenticeship of at least fifteen or twelve months respectively, working under the immediate direction of a licensed embalmer, such apprenticeship and school training to have included the embalming or assisting in embalming of at least fifty bodies, of which not less than thirty cases must be covered by the apprentice outside of the school course and school period, shall be deemed to have acquired both necessary training and experience in embalming.

(bb) On and after May 1, 1938, no apprenticeship for embalming shall be accepted unless the service is rendered under the immediate direction of a New York state licensed embalmer practicing in the state of New York. This shall not apply, however, to apprentices whose applications for registration of apprenticeship have been accepted and approved prior to May 1, 1938.

Undertaking:

(c) A person who has actually served for a period of not less than one year as an employee of a licensed undertaker and in such employ has materially assisted in making arrangements for and conducting not less than fifty funerals, shall be deemed to have served an apprenticeship for one year in undertaking.

(d) A person who has successfully completed a course of not less than six months in a recognized school of embalming, including in its curriculum the subjects of mortuary jurisprudence and funeral management, and in addition thereto has served a satisfactory apprenticeship of at least six months, working under the immediate direction of a licensed undertaker, such apprenticeship and school training to have included material assistance in making arrangements for and conducting not less than fifty funerals of which not less than thirty bodies must be covered by the apprentice outside of the school course and school period, shall be deemed to have acquired "necessary training and experience in undertaking."

(dd) On and after May 1, 1938, no apprenticeship for undertaking shall be accepted unless the service is rendered under the immediate direction of a New York State licensed undertaker practicing in the state of New York. This shall not apply, however, to apprentices whose applications for registration of apprenticeship have been accepted and approved prior to May 1, 1938.

Advertising

Rule V-b. After September 1, 1937, the name of a living person not licensed to practice undertaking or embalming shall not be used or appear in any place or manner, alone, in, as part of, or in connection or together with the name of any person, firm, corporation or other form of enterprise engaged in embalming or undertaking or maintaining a mortuary, funeral home, or other similar establishment and/or using in connection with their name and business, the words, funeral director, mortician, undertaker, embalmer or any other title or words of similar meaning and/or import unless in connection with such name there shall appear prominently the words "not licensed" or "unlicensed." This rule shall not be construed as prohibiting, in individual instances, the use of a name under conditions and in a manner approved or accepted by the department of health prior to such date.

Rule V-c. After May 1, 1938, the name of the unlicensed person or persons wherever used or shown shall not be larger than the name or names of the licensed persons, partnership or corporate name. The words "not licensed" or "unlicensed" which shall always follow the name of any unlicensed person intended to be so described, shall be the same type style, in type size at least three-quarters as large as the name of the unlicensed person or persons, and on signs not less than one and one-half inches in height.

Rule V-d. Notwithstanding the provisions of rule V-b and rule V-c, the surname or complete name of a living person not licensed shall not be used or appear in connection or together with the name of any firm or corporation organized or established after July 1, 1941 to engage in the business of undertaking, unless there shall appear prominently, as provided in rule V-c after such name the words "not licensed, not practising and not entitled to practice." The foregoing shall apply to firms or corporations established and registered prior to July 1, 1941, only if and when there is a reorganization or change in personnel involving a change in the name or title of such enterprise or place of business.

PRACTICE OF FUNERAL DIRECTING

RULES promulgated by the Commissioner of Health pursuant to Section 299-b of Article XIV-A of the Public Health Law

(Adopted July 15, 1944)

1. Tests prescribed by the commissioner for signs of death. The embalmer or funeral director, before proceeding either to embalm, remove, cremate or bury the body, shall determine that life is extinct by ascertaining that—

- a. Pulsation has ceased in the radial or other arteries.
- b. Heart and respiratory sounds are not heard with the use of a stethoscope or with the ear applied directly over the heart.

2. Examinations. a. All examinations for funeral director license shall consist of two parts as follows:

- (1) A practical demonstration of embalming knowledge.
- (2) A written examination which may include the following subjects:
 - (a) The law
 - (b) The state sanitary code
 - (c) Rules and regulations of the commissioner
 - (d) Tests for death
 - (e) Sanitary science
 - (f) Disinfection
 - (g) Mortuary law
 - (h) Pathology
 - (i) Bacteriology
 - (j) Anatomy
 - (k) Applied chemistry
 - (l) Practical embalming
 - (m) Restorative art
 - (n) Funeral management
 - (o) Care and preparation of the human dead for final disposition
 - (p) Ethics

(3) Every candidate shall pass each part of the examination with a mark of at least 75 per cent. Any candidate who fails in one part of the examination shall be re-examined in both parts.

b. A candidate for examination must submit with his application—

(1) A birth certificate or a satisfactory baptismal or census record, or naturalization papers, as proof that he is a citizen of the United States and that he is or will be 21 years of age on the date of the examination.

(2) Two affidavits executed by individuals engaged in either business or professional work who can certify to the good moral character of the applicant.

3. Apprenticeship. a. No application for registration as a funeral director apprentice shall be approved unless—

(1) A qualifying certificate from the state department of education shall have been filed with this department in advance of the registration of the apprenticeship.

(2) The agreement of the employer and the apprentice as prescribed in subdivision c shall have been filed with the department.

(3) The employer shall maintain case records identifying each funeral, giving the name of deceased, date of death, name of apprentice, name of supervising funeral director, and such other information as the department shall require.

(4) The employer shall maintain adequate facilities for embalming.

b. No practical training and experience shall be considered of a grade and character satisfactory to the department until the apprentice shall have submitted satisfactory proof that he has served for not less than the period required by law and also that he has assisted, if one year of apprenticeship is required, with fifty cases, or if a two year apprenticeship is required, with one hundred cases.

c. The following form of agreement shall be executed by employer and apprentice and shall be witnessed by a department representative:

AGREEMENT

Date.....

By
(Name and address of employer)

and by
(Name and address of apprentice)

for the purpose of obtaining the approval of the state department of health for the employment of the service of an apprentice by..... in connection with the undertaking and embalming or funeral directing duties of his establishment and the expressed desire of..... to perform these duties in the position of an apprentice, they do agree as follows:

By the Employer:

(1) That I will give the apprentice ample opportunity to learn all the phases of the work.

(2) That I will actually instruct and train the apprentice in the theory and practice of undertaking and embalming, or funeral directing.

(3) That I will see that the apprentice serves an adequate apprenticeship, as interpreted by the department.

(4) That before signing his quarterly and monthly reports, I will check the apprentice's statements in regard to—

(a) Duties performed and assistance given.

(b) Number of cases with which apprentice has assisted.

(c) Total number of cases handled by the firm during this period.

(5) That if the apprentice fails to keep his part of this agreement as signed below, I will at once notify the state department of health in order that the apprenticeship may be cancelled.

(6) That should I fail to keep my part of this agreement, I will consent to the withdrawal for one year of the privilege granted to me by the state department of health of employing an apprentice.

Witness:

.....
Investigator for the State Department of Health

.....
(Employer)

For the Apprentice:

(1) That I will be present and available at all times during the apprenticeship period to assist with embalming and undertaking or funeral directing duties.

(2) That I will keep accurate and detailed daily records of the work I do and the assistance I give on each case.

(3) That I will at once notify the state department of health if my employer does not keep the terms of this agreement as signed by him.

Witness:

.....
Investigator for the State Department of Health

.....
(Apprentice)

d. The apprentice shall report his apprenticeship quarterly on forms provided by the department for the purpose. The reports shall be detailed and specific and shall give accurate record of the duties performed by the appren-

tice on each case during the period covered, and shall be signed by both apprentice and employer.

e. Any discontinuance or change in supervision of apprenticeship must be reported to the department by the apprentice within ten days of such discontinuance or change. A renewal of apprenticeship must be accompanied by an agreement signed by employer and apprentice.

f. Evidence of any apprenticeship preceding the date of registration must be submitted on forms provided by the department for the purpose, and must show names of deceased, dates of death, and the exact duties performed by the apprentice on each case.

g. With the approval of the employer, an apprentice may be allowed two weeks vacation each year without loss to his apprenticeship credit. Any further loss of time, however, will be deducted from his apprenticeship time credit. The department must be advised of the duration and dates of the vacation taken.

4. Schools for funeral directors. The department will approve only those schools which, upon inspection by the department, are found to maintain the following requirements:

a. Physical Properties:

- (1) Adequate space and satisfactory arrangement of rooms.
- (2) Adequate equipment for student body.
- (3) Separate rooms for class instruction and office with sufficient modern equipment for instructional purposes for each subject taught.
- (4) Adequate records for administration purposes including student work, either on the premises of the school or elsewhere.
- (5) Adequate facilities and cadavers for practical embalming and anatomy instruction, either on the premises or regularly available elsewhere and adequate equipment and facilities for instruction on the school premises in all other subjects.

b. Faculty:

- (1) Every school must maintain an experienced staff adequate for the efficient presentation of the subjects taught. Each member of the faculty shall be competent to teach his assigned subjects.
- (2) The instructor in every subject except embalming, funeral management and restorative art must be a graduate of a standard college or university, who has received a degree basically related to the subjects assigned to him for instruction.
- (3) Instructors now actually engaged in teaching will be considered acceptable unless found to be incompetent.
- (4) No instructor in embalming will be acceptable unless he shall be a licensed embalmer or funeral director and shall have had full-time experience of not less than five years as an embalmer or funeral director.
- (5) No teacher shall instruct classes in or teach more than two major subjects, except that, in special instances and upon application to the department, this rule may be waived by the commissioner for the duration of the war and six months thereafter.
- (6) A satisfactory instructor-student ratio shall be maintained in all classes.

c. Curriculum:

(1) Courses shall include a minimum of 36 weeks' day-time instruction of 30 hours per week divided into five days per week of at least six hours of actual instruction, or may consist of night instruction for 72 weeks of fifteen hours per week divided into five nights per week of at least three hours of actual instruction.

(2) The following minimum instruction must be included in the curriculum for each day course of 36 weeks and each night course of 72 weeks:

	<i>Subject</i>	<i>Per cent of time</i>
(a)	Embalming	60 %
	(Practical and theoretical including restorative art.....)	20 %)
	(Anatomy.....)	10 %)
	(Bacteriology and pathology.....)	20 %)
	(Chemistry.....)	10 %)
(b)	Funeral directing	40 %
	(Funeral management and ethics.....)	20 %)
	(Hygiene.....)	5 %)
	(Psychology.....)	5 %)
	(Mortuary law and public health law and regulations.....)	10 %)
		<hr/> 100 %

d. School Credits:

(1) No credit shall be given to a future matriculant for attendance at a school for funeral directors until the student has all the preliminary educational requirements necessary for admission to the New York state examination for funeral directors.

(2) Certification of attendance at a school shall not be made by a school unless the student attended at least 90% of all classes in all required subjects and satisfactorily passed a school examination in each required subject.

(3) No credit shall be given for partial courses where the student has discontinued his attendance during the course, unless the balance of the minimum required courses of study is subsequently completed in the same or another approved school.

(4) Entering dates for school courses shall not exceed two in any calendar year. Students shall not be admitted to a course after the tenth day of school instruction of such course.

e. Reports:

(1) Every school shall report to the department in writing within fifteen days after the beginning of each course, the name of each student expressing intention to apply for a license in New York state.

(2) Every school shall report in writing to the department within fifteen days after the end of each course, the names of all students enrolled in the course who intend to take the New York state licensing examination, together with his marks in each subject and his complete attendance record for each subject. The records and operations for every school shall be open to accredited representatives of the department.

(3) All examinations and tests of each student shall be preserved by the school for a period of two years and shall be open to state inspection.

f. Advertising: Improper or misleading advertisements by schools which tend to deceive or mislead, or that make false claims may, in the discretion of the commissioner, be grounds for the withdrawal of approval.

g. Approvals:

(1) Schools may apply in writing to the commissioner for approval, setting forth such data and information as he may require, and if within his judgment they meet these requirements, he shall issue an approval for the state fiscal year for which the application is made.

(2) Applications for renewal of approval must be made on or before March 1st of each year.

(3) Approvals may be revoked or suspended by the commissioner for failure to comply with these rules.

5. Establishments. a. The floors and walls of operating and preparation rooms and all permanent operating tables, portable couches, cooling boards and transfer cases shall be so constructed that they can be kept in a clean and sanitary condition. The rooms shall contain only the articles and implements necessary for the preparation of the dead human body and shall be kept in a clean and sanitary condition. Any and all preparation rooms shall be adequately ventilated.

b. All embalming instruments and receptacles shall be promptly disinfected after every operation.

c. The use of any fluid or compound which contains arsenic, lead, mercury, copper, zinc, silver, antimony or chloral or any poisonous alkaloid, in the embalming of a dead human body is prohibited.

d. All blood and excretions of a dead human body shall be disposed of in a sanitary manner.

6. Registrations. a. Application for the registration of a funeral establishment operated by a new corporation must be accompanied by a certification of incorporation from the secretary of state.

b. Application for registration of a funeral establishment operated under a new trade or assumed name must be accompanied by a certification of such name by the county clerk.

c. Application for registration of a funeral establishment operated by a new partnership must be signed by all partners.

7. Advertising. When the name of the licensed manager registered as such with the department shall differ in any particular from the name of the individual, partnership or corporation as registered with the department, the name of the licensed manager followed by the designation "Licensed Manager" or "Lic. Mgr." must be shown legibly and clearly in conjunction with the firm name as registered with the department wherever it is published or displayed.

DISTRICT LABORATORY SUPPLY STATIONS

In accordance with Section 5, Article II, of the Public Health Law, the following rules and regulations have been prescribed by the State Commissioner of Health for the maintenance of district laboratory supply stations.

(Adopted January 19, 1921; amended February 1, 1924, December 17, 1931 and July 21, 1938)

Rule 1. The custodian of each district supply station shall submit to the Division of Laboratories and Research for approval a list of proposed substations, if in his judgment any are necessary, with the name, in each instance, of the person whom he proposes to place in charge.

Rule 2. He shall distribute laboratory supplies for the district and constantly maintain in each substation a sufficient supply of laboratory outfits and materials in good condition to meet ordinary demands.

Rule 3. He shall render a report to the Division of Laboratories and Research semi-annually on or shortly before the first of January and July, showing the quantities of various supplies on hand in each station and substation.

Rule 4. Supplies shall be accessible to physicians at all times.

Rule 5. Perishable supplies shall be kept in a refrigerator, except that in substations maintaining small quantities of supplies, *when facilities for refrigeration are not available*, such supplies may be kept in a cool, dark place, not subject to extremes of heat or cold. *Under no conditions should perishable supplies be kept at living room temperature, nor should supplies kept in a refrigerator be allowed to freeze.*

Rule 6. Antitoxins, sera, vaccines, and chemical preparations which are labeled with a return date shall not be distributed after its expiration. Outdated products shall be returned for exchange semi-annually, January and July.

Rule 7. Tubes containing culture medium shall be inspected frequently and all tubes in which medium is dried, liquefied or otherwise deteriorated, returned for exchange.

Rule 8. Laboratory supplies distributed by the state department of health shall under no circumstances be sold.

Rule 9. Supply stations will furnish state products (subject to stipulated restrictions with reference to certain preparations) for use in institutions and among residents of the state, and in any emergency among individuals temporarily residing in the state in which their use is likely to conserve life or health; the custodian shall, however, assume responsibility for conserving the state products from waste through unnecessary or excessive distribution.

Rule 10. Reports on the use of antitoxins, sera, and vaccines are required as specified. A record is to be kept by the custodian of each district station of the distribution of antitoxins, sera, vaccines, and chemical products from the district station and its substations; such record to include the name and address of each physician to whom materials are furnished, the date, the kind, the number of packages distributed, units or cc., lot number, number of packages returned to supply station and whether or not reports on use of products have

been received from the physicians. The reports shall be submitted, even if no supplies have been distributed, on the first of each month to the Division of Laboratories and Research, a copy being sent to the district state health officer.

According to the provisions of section 1262, subdivision 2, of the education law, as amended by chapter 741, laws of 1939, osteopathic physicians who have been certified by the state board of regents are granted the right to use biological products but are not permitted to administer drugs (for example, arsenical and bismuth preparations). The regents have interpreted the term biological products as follows: "The phrase 'biological products,' as used in the law, shall be construed to include serums, vaccines, toxins, anti-toxins and glandular or other products of living tissues." These rights are not extended to osteopathic physicians not certified.

NOTE.—Shipments of supplies from Albany will be made by mail or express. C.O.D.: those returned for exchange or otherwise should be sent prepaid by mail or express. A special form is provided to be used both for semiannual reports and for requisitions for supplies. These forms should be used for all requisitions. In emergencies, orders may be telephoned or telegraphed, but in each instance should be followed by a written order marked "confirmatory."

PRACTICE OF MIDWIFERY

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 180 of Article VIII-A of the Public Health Law

(Adopted August 30, 1914; amended December 8, 1941)

Rule 1. Midwife to sign the pledge. Whenever a license is issued to a woman to practice as a midwife she shall be given a copy of the vital statistics law, article 8-A of the public health law, and the special rules and regulations of the state department of health relating to midwives and the practice of midwifery, and she shall pledge herself to carry out said provisions and shall sign a pledge on a specially prepared blank. The license shall be returned by the midwife to the state department of health at the close of the current calendar year, or at any time during said calendar year when the midwife may remove outside the jurisdiction of article 8-A of the public health law. The midwife shall inform the state department of health immediately of any change in her address.

Rule 2. Midwife to attend only normal cases. A midwife shall attend only cases of normal labor in which there is an uncomplicated vertex (head) presentation. In all other cases a physician must be called.

Rule 3. Midwife's home to be open for inspection. The home of the midwife, her equipment, record of cases, and register of birth shall at all times be open to inspection to the authorized officers, inspectors and agents of the state and local health departments.

Rule 4. Midwife to be clean. Each midwife must be scrupulously clean in every way, including her person, clothing, equipment and house. She must not wear rings or bracelets when attending a case of labor. She must keep her nails short, smooth and clean and the skin of her hands, as far as possible, free from cracks and abrasions by the use of some simple application. When attending a case of labor she must wear a clean dress, of washable material which can be boiled, such as linen or cotton, and over it a clean freshly laundered apron or coverall. The sleeves of the dress must be so made that they can be readily rolled up above the elbows.

Rule 5. Cases to be referred to physicians. If, during pregnancy, any of the following conditions develop, or are suspected, the midwife shall not engage to attend the case, but must refer it to a physician.

- 1 Whenever the patient is a dwarf or is deformed
- 2 Whenever there is sudden sharp pain in abdomen
- 3 Whenever there is bleeding, or repeated staining in small amounts
- 4 Whenever there is swelling or puffiness of the face, hands or feet
- 5 Whenever there is excessive vomiting
- 6 Whenever there is excessive shortness of breath
- 7 Whenever there is persistent headache
- 8 Whenever there is dimness of vision
- 9 Whenever there is loss of consciousness, fainting, fits, or convulsions
- 10 Whenever there is heart or kidney disease
- 11 Whenever there is persistent cough with loss of weight
- 12 Whenever there is a purulent discharge from any part of the body
- 13 Whenever there are sores or warts on the genitals
- 14 Whenever there is communicable disease
- 15 Whenever there is any case known to have syphilis, or suspected of it.

Rule 6. Midwife's equipment. Every midwife must take to each case the following equipment:

- Nail brush*
- Wooden nail cleaner*
- Bottle of liquid soap*
- Freshly laundered gown or coverall apron*
- Clean cap or square which will cover hair*
- Tube of white vaseline*
- Lysol*
- Silver nitrate* (Furnished free of charge. Obtained from local laboratory supply station)
- Blunt scissors for cutting cord*
- Sterile umbilical dressings* (Individual packages)
- Narrow tape or soft twine for tying cord*
- Sterile absorbent cotton* (In $\frac{1}{4}$ pound package)
- Clinical thermometer
- Agate or glass douche reservoir
- Two rounded vaginal douche nozzles (Not to be used except upon physician's order)
- Two rectal nozzles, large and small
- One soft rubber catheter.

Rule 7. Container for equipment; how to be kept. The equipment specified in rule 6 must be carried in a suitable bag fitted with a lining of washable material which can be easily removed. As this lining must be washed and boiled before each case of labor a sufficient supply of linings must be provided. The bag and its contents must at all times be kept neat and clean. The douche nozzles for rectal and vaginal use must be kept separately.

At every case, before using the nail brush, nail cleaner, douche reservoir and tubing, vaginal nozzle, catheter, scissors and tape or twine, they must be boiled for five minutes; hard rubber nozzles should be thoroughly cleansed with hot water and soap and put in lysol solution for 15 minutes before using; when the labor is terminated, the douche reservoir and tubing, vaginal nozzles, catheter, scissors, nail brush, nail cleaner, must be washed with soap and water and boiled before replacing them in the bag.

Rule 8. Preparation for internal examination. Before making an internal examination or conducting a delivery, a midwife must prepare her hands and the patient as follows:

The midwife, after thoroughly washing her hands and arms with warm water and soap, must thoroughly wash the lower part of the patient's abdomen, the inner surface of the thighs and the external genitals, always sponging from above down with warm water and soap, then rinse them with clean water and a disinfecting solution, prepared by adding one teaspoonful of lysol to one quart of water. She must then cover the genitals with a clean towel or cloth or cotton which has been soaked in the disinfecting solution, and she must allow it to remain there until the examination is made. The midwife's hands must be cleansed and disinfected as follows:

Cut the finger nails with clippers or scissors. Scrub the hands and forearms, including elbows, with the nail brush and liquid soap and warm water for five minutes, paying special attention to the nails and to the inner surface of the fingers. Then soak the hands and arms for three minutes in the disinfecting solution. After having cleansed and disinfected the hands in this way they must not come in contact with anything before touching the parts of the

* Minimum equipment.

patient to be examined. Before delivery make as few vaginal examinations as possible and none after delivery.

No vaginal douche should be given at any time except by physician's order.

Rule 9. Midwife not to leave patient. A midwife in charge of a case of labor must not leave the patient without giving an address at which she may be found without delay, and after the beginning of the second stage she must stay with the patient until the birth is completed, and must stay for at least an hour after the expulsion of the afterbirth. Before leaving the patient examine her for excessive bleeding. Where a physician has been sent for because the case is abnormal or complicated, the midwife must await his arrival and be ready to carry out his instructions.

Rule 10. Physician is to be summoned during labor. If, during labor, any of the following conditions exist or develop, a physician must be summoned immediately:

- (a) The presenting part is other than an uncomplicated vertex (head)
- (b) Intense headache, dimness of vision, fits or convulsions
- (c) Excessive bleeding before, during, or after labor
- (d) Prolapse of the cord
- (e) A swelling or tumor that obstructs the birth of the child
- (f) Signs of exhaustion or collapse of the mother
- (g) Unduly prolonged labor
- (h) When fetal heart has been heard and ceases to be heard
- (i) When fetal heart cannot be heard or fetal movements felt
- (j) When there is severe abdominal pain other than labor pains.

Rule 11. In cases of convulsion or bleeding, physician to be summoned. If the mother develops convulsions or has excessive bleeding or has been lacerated, a physician must be called in attendance at once.

Rule 12. Midwife to examine afterbirth. A midwife must, in all cases, examine the afterbirth (placenta and membranes) before it is destroyed and must satisfy herself that all of it has been expelled.

Rule 13. Physician to be called if afterbirth is not expelled. Under no circumstances shall a midwife introduce her hand into the vagina or uterus to remove either the whole or parts of the afterbirth (placenta and membranes) or pull on the cord. If, after an hour from the birth of the child, the afterbirth (placenta and membranes) is not expelled or cannot be expelled by gentle manipulation of the uterus through the abdominal walls, a physician must be called to extract it.

Rule 14. Procedure after delivery. After the labor is over the midwife must clean the skin around the external genitals with the antiseptic solution mentioned in rule 8 and then place a dry sterile pad over the vulva. The midwife must bathe and dress the patient in this manner at least once daily for seven days after delivery, and also after each time that it is necessary to use a catheter. After the birth is complete the midwife must not make vaginal examinations. If the patient has not urinated for 12 hours and the bladder is full, before using the catheter try placing hot wet compresses over the bladder and pouring warm antiseptic solution over the vulva. Give the patient water to drink. If this fails and it is necessary to catheterize the patient, the catheter must be boiled for five minutes and the midwife, after washing her hands (rule 8) and before passing the boiled catheter, should separate the upper part of the vulva and wash the opening to the bladder by pouring the disinfecting solution over it from a cup or small pitcher that has been previously boiled.

Rule 15. Soiled articles to be removed after labor. After the labor is over and before washing the baby, the midwife should remove the soiled sheets, together with all soiled pads, newspapers, etc., that have been used to protect the mattress, leaving the patient on a smooth, dry, clean sheet.

Rule 16. Stillbirths. Should the child not breathe after birth, the midwife must report the fact at once by telephone, messenger, or in person, to the local health officer for investigation as a death without medical attendance.

The midwife shall leave the stillbirth certificate at the house after filling out items 20-22. The body of the child must not be removed from the premises until the medical certificate has been signed by the local health officer or coroner and a burial or removal permit received from the local registrar of vital statistics. (Amended December 8, 1941.)

Rule 17. Use of silver nitrate. As soon as the child is born, and if possible before the expulsion of the afterbirth, the eyelids should be washed with water which has been boiled and cooled, using a separate soft linen cloth or clean absorbent cotton for each eye. Wipe the lids from the nose outward, without opening the lids. The eyelids must then be separated and held open and two drops of a one per cent (1%) solution of silver nitrate dropped into each eye and the lids brought together. Be sure the silver nitrate is inside the lids. One application only of the silver nitrate solution should be used, and ordinarily no further attention should be given the eyes for several hours. The silver nitrate solution will be furnished free by the local laboratory supply station.

Rule 18. Reports of cases of sore eyes. When the infant has or develops sore eyes, or any redness, inflammation or discharge from the eyes, the midwife in attendance must at once call a physician and must report to the local health officer the name and address of the mother, and state the time when such condition of the eyes was first noticed.

Rule 19. Care of the newborn child. Before beginning care of child, have everything necessary for its care in readiness in a well warmed room. A newly born infant must be covered at once and kept warm, therefore have ready to receive it a small, clean, woolen blanket or piece of flannel.

1 As soon as the head is born wipe the mucus from the eyes, using a separate clean piece of cloth or cotton for each eye. Wipe away from the nose.

2 In order that respiration be properly established, remove mucus from the throat by position and from the mouth of the infant by gently wiping with a piece of wet sterile cotton.

3 If the child does not cry promptly after birth, stimulate respiration by proper gentle methods. Do not use force. It does no good and does do harm.

4 With thoroughly cleaned hands tie the cord with the boiled tape or twine (rule 7) after pulsations have ceased. Tie cord carefully. Cover cord with sterile dressing. Keep navel covered with sterile dressing until it is healed.

5 If the baby's breasts are swollen do not treat them in any way. If inflamed send for a physician.

6 Use silver nitrate solution in the eyes, as described in rule 17.

7 Examine child carefully for any deformity or malformation or injury. If any are found send for a physician at once.

8 Do not give infant a tub bath until the navel is healed. The first bath should be given with either liquid albolene or olive oil, paying particular attention to the folds and creases of the body. Wipe dry with a soft clean cloth.

9 Dress infant in simple, clean, warm clothes. Wrap in blanket and keep warm. Do not cover face of child.

10 Instruct and encourage every mother to nurse her child, thereby lessening infant mortality.

11 Make careful examination of child before leaving case to see if there is bleeding from cord and the baby in good condition.

Rule 20. Care of patient after labor. After labor, and throughout the lying-in period, the midwife must exercise the same care in washing the hands and in dressing or catheterizing the patient as before and during labor.

Rule 21. Physician to be summoned during lying-in period. If, during the lying-in period, any of the following conditions develop, a physician must be summoned:

- 1 When there are convulsions, persistent headache or dimness of vision
- 2 When there is excessive bleeding
- 3 When there is foul smelling discharge (lochia)
- 4 When there is persistent rise of temperature to 100 degrees F. for twenty-four hours
- 5 When there is swelling and redness of the breasts or soreness of nipples
- 6 When there is a severe chill (rigor) with rise of temperature
- 7 When there is inability to nurse the child.

Rule 22. Physician to be summoned if child develops certain conditions. Every child should be thoroughly examined after birth and if the child has or develops any of the following conditions a physician must be summoned:

- 1 When there is any deformity or malformation or injury
- 2 When there is inability to suckle or nurse
- 3 When there is inflammation around, or discharge from the navel or breasts
- 4 When there is swelling and redness of the eyelids with a discharge of matter from the eyes
- 5 When there is bleeding from the mouth, navel or bowels
- 6 When there is any rash, sores or snuffles—suggestive of syphilis.

Rule 23. Midwife to attend cases seven days after labor. The midwife shall visit her patient at least once daily for seven days after labor, giving the necessary attention to the toilet and bed of both mother and infant. She shall record the pulse and temperature of the mother at each visit and give proper directions as to food of mother and nursing of the child during the periods between her visits; she shall give instructions how to keep the air in the patient's room fresh; she shall arrange to have the baby sleep in a basket or crib, instead of in the bed with the mother; she shall watch constantly for any symptoms of the complications or abnormalities described in rules 5, 21 and 22.

She shall give to the child its daily bath and attend to the dressing of the cord.

Rule 24. Disinfection of midwife's equipment, etc., after infectious disease. Whenever a midwife has been in attendance upon a patient in contact with any person suffering from puerperal fever or from any other conditions known or believed to be infectious, she must disinfect herself, her clothing and all the contents of her bag and other appliances before going to any other maternity patient. In order to disinfect her person a midwife must take a hot bath and must wash her hair. She must disinfect her hands as in rule 8.

She must make an entire change of clothing and have all garments she wore while in attendance upon the infected person washed and boiled. Those garments which cannot be washed should be well and repeatedly shaken during the course of two days, and hung out in the open air so that they may be exposed to the rays of the sun.

Care should be taken to change their exposure frequently so as to insure the sunlight reaching every part.

Should the midwife herself contract a local infection, such as a sore on her hands or an abscess or boil, or a communicable disease, such as diphtheria,

scarlet fever, typhoid fever, erysipelas, etc., she shall not attend cases of confinement or visit her patients until she has entirely recovered and disinfected herself, her clothing, and all the contents of her bag and other appliances according to rules 4 and 7 and has received a certificate from the local health officer.

After any case of communicable disease the house must be thoroughly cleansed and the floor and surface of midwife's bedroom scrubbed with soap and water. Bedding must be washed and boiled. Carpets, hangings and other articles which cannot be boiled must be sunned and aired.

Rule 25. Report of births. Within five days of the birth of the child, the midwife must file a complete and correct birth certificate with the local registrar of vital statistics of the registration district (town, village or city) in which the birth occurred. It is not sufficient to mail a certificate on the fifth day; it must reach the registrar in correct form within five (5) days.

NEW YORK STATE RECONSTRUCTION HOME, WEST HAVERSTRAW, N. Y.

ADMISSION OF PATIENTS

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 352, Article XIX of the Public Health Law

(Adopted January 1, 1932)

Rule 1. Eligibility for admission. Only persons under twenty-one years of age, not blind, deaf mutes, insane or mental defectives, and who are suffering from remediable orthopedic defects or disorders, shall be deemed to be eligible for admission; subject to the further conditions herein prescribed. Any patient having an intelligence quotient below 70 upon application of the Binet-Simon test, or its equivalent, shall be deemed to be ineligible. A patient shall not be considered eligible for admission if he is suffering from any communicable disease which, in the opinion of the surgeon-in-chief, is likely to be a source of danger to others, or the carrier of the germs of such a disease; unless he has been successfully vaccinated against smallpox within three years; or, if under fifteen years of age, unless he has been actively immunized against diphtheria or has been determined by means of the Schick test to be immune.

Rule 2. Guarantee of expense. Adequate guarantee of payment of the cost of hospitalization, as determined by the institutional authorities, shall be required in each instance before admission of any patient. If payment is to be made from public funds, an order issued by a judge of a children's court shall be required before admission.

Rule 3. Application and admission. (a) Applications shall be made upon forms provided for the purpose and obtainable upon request from the reconstruction home, from the offices of the state department of health in Albany, or New York city, from any district state health officer, or from such additional distributing centers as the superintendent may determine to be desirable.

(b) The application, in each instance, properly filled out and containing the required information, shall be signed by the person legally responsible for the care and support of the patient, or by the children's court judge contemplating issuance of an order, and returned to the superintendent, together with the reports or certificates, if any, of physicians or others bearing upon the physical and mental condition of the patient.

(c) If further examination or investigation is required, the superintendent will cause the person who signed the application to be so advised and, when deemed necessary, may designate the physician or other person to make such further examination or investigation. When he is satisfied that the case is suitable he will admit the patient, if or when an available vacancy exists; or, if the application was signed by a children's court judge, he will notify the signatory in order that an appropriate order may be issued before the patient is admitted.

Rule 4. Expenses prior to admission. Except when specifically authorized by the state commissioner of health or his authorized representative, or when included in an order of a children's court judge approved by the commissioner of health, expenses incurred previous to admission for the purpose of complying with requirements for admission, other than authorized expenses incurred by state employees in line of duty, shall not be a charge upon the state.

Rule 5. Emergencies. The superintendent shall have authority to waive any of the prescribed requirements for admission, other than those relating to financial responsibility, when in his judgment an emergency exists requiring immediate admission of a patient. Upon waiving any such requirements he shall immediately cause a report of the facts and the reasons for such waiver to be made to the state department of health.

Rule 6. Vacancies. The superintendent shall have authority to maintain such a number of vacancies as in his judgment will make adequate provision for immediate admission of possible emergency cases.

Rule 7. Reports to department of health. The superintendent shall immediately report each admission to the state department of health, such report to include the name, age and home address of the patient, a description of his physical condition, with such additional information as may be required.

Rule 8. Priority of admissions. Preference in admission shall be given to those cases most in need of the type of service the institution can provide; otherwise, so far as practicable, distribution or admissions shall be equitable, on the basis of population of the various counties.

Rule 9. Charge for maintenance. The superintendent shall from time to time determine what shall be the daily or weekly maintenance rate per patient, and when such rate has been approved by the state commissioner of health, it shall be the basis of all charges for care and maintenance.

Rule 10. Payment of maintenance charges. The superintendent shall render bills at suitable intervals and a final bill immediately on discharge of the patient, to the person in each instance who guaranteed payment, or, if the patient was admitted on the order of a children's court judge, to the proper fiscal officer of the county or municipality indicated. The superintendent, at the time of rendering bills, shall report to the state department of health the name of the patient, the amount charged and the period which such charge covers.

Rule 11. Discharges. Authority to determine when such patient shall be discharged shall rest with the surgeon-in-chief. The superintendent shall notify the state department of health of each discharge, so far as practicable a week in advance, indicating in each instance the name of the patient, his physical condition and the reason for discharge. The state department of health, upon request of the superintendent will, if practicable, make necessary arrangements for transfer of the patient to the place to which he is to be removed.

Rule 12. Supervision after discharge. The state department of health will, wherever necessary and practicable, provide suitable supervision of patients after discharge and at appropriate intervals will report to the surgeon-in-chief the condition of such discharged patients.

THE SANITATION OF OYSTER HOUSES AND OYSTER BOATS*

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 317 of the Conservation Law

(Adopted August 10, 1925)

Rule 1. All boats, storehouses and other buildings in which oysters, clams, or other shellfish are taken, received, stored, culled, shucked or otherwise handled shall be kept at all times in a clean and sanitary condition as hereinafter provided. All such storehouses and other buildings shall be adequately lighted and ventilated.

Boats

Rule 2. The decks of boats upon which oysters, clams or other shellfish are carried shall be kept clean.

Rule 3. Each boat used in the handling of oysters, clams or other shellfish on which men work continuously for two hours or more shall be provided with a tight covered receptacle for the excreta both solid and liquid of persons on the boat. The contents of such receptacles shall be disposed of in such a manner as to cause no nuisance, either by incineration, by emptying into some satisfactory sewage disposal system, or by burial in the sand at some remote place at least 200 feet from any house, road, well, stream, lake, pond, bay, cove, lagoon or other body of water whether salt or fresh and covered with not less than six inches of earth in such a manner that it may not flow or be washed by rain or melted snow or other means over the surface of the ground or into any well, stream or body of water.

It shall be the duty of the man in charge of each boat to see that said receptacles are properly used and that there is no discharge of excreta into waters bearing shellfish.

Each receptacle shall be thoroughly cleaned and disinfected after emptying and a quantity of a standard disinfectant allowed to remain in it before it is replaced.

Buildings

Rule 4. Adequate toilet facilities shall be provided for the employees in buildings in which oysters, clams, or other shellfish are received, stored, culled, shucked, or otherwise handled. If waterclosets are provided they shall be located in a separate compartment not connected directly with any room in which oysters are opened or shucked and the compartment shall be provided with ventilation directly with the outside air by means of a window at least 1 foot by 3 feet between stop beads and so made as to be readily opened. The door or doors of the watercloset compartment shall be self-closing. All watercloset compartments and all watercloset fixtures shall be maintained in a clean and sanitary condition and in good repair.

The waste from such waterclosets shall be properly disposed of into a sewer system connected with an approved disposal plant or into a leaching cesspool of approved construction located not less than 50 feet back from the high water mark of the nearest stream or body of water. Cesspools shall not be provided with overflow pipes nor shall they be permitted to overflow on the surface of the ground.

* Copy may be obtained upon request to the Superintendent of Marine Fisheries, State Office Building, 80 Centre Street, New York City.

If privies are provided they shall be located not less than 50 feet from any building and not less than 50 feet back from the high water mark of the nearest stream or body of water. All privies shall be of tight construction, have self-closing doors, and the seats shall be provided with self-closing covers. Before the contents of any privy vault shall fill said vault to within 18 inches of the surface of the ground, said contents shall be either removed and disposed of in the same manner as required in regulation 3 or the vault shall be filled with soil and the location of the privy changed. The superstructure of such privies shall be kept in good repair and in a clean and sanitary condition.

Where the location is such as to require toilet facilities close to a natural body of water, tight covered receptacles may be provided such as prescribed for boats in regulation 3. Such receptacles are to be emptied, cleaned, and disinfected as required in said regulation. Separate compartments shall be provided for such receptacles as required for waterclosets in this regulation.

Rule 5. Adequate facilities shall be provided for all employees handling oysters to wash their hands. There shall be a sink or wash basin with running hot water, soap and individual cloth or paper towels for the use of the workers, conveniently located with respect to, but not in the toilet room. The location shall be such that the workers may be under observation while washing. Each worker shall be required to wash his or her hands thoroughly before commencing work and before resuming work after each interruption of work for any cause.

Rule 6. All rooms in which oysters are opened or shucked shall be used for that purpose alone. No culling or other operations shall be conducted there nor shall any person sleep or lounge in such rooms.

Rule 7. All rooms in which oysters are shucked shall have smooth watertight floors which shall be washed at least daily when in use. All walls and ceilings of such rooms shall be of material that can be readily washed and shall be kept clean at all times when said rooms are in use.

Rule 8. All benches upon which oysters are opened or shucked shall be of smooth, hard, impervious, and non-absorbent material which can be readily washed and shall be kept in a clean and sanitary condition at all times when in use. Said benches, if located or placed against a wall or walls, shall be provided with a back or backs, of monolithic construction or with tight joints, extending at least 18 inches above the benches. The surface of all benches and backs shall be thoroughly cleaned and scalded with hot water or steam after each day's work.

The placing of shelves, boxes, lockers, hooks, nails or other devices for storing clothing or other things above the shucking benches is prohibited.

Rule 9. Suitable containers conveniently located to the benches shall be provided for waste materials and shells. Said containers shall be kept in a sanitary condition at all times. No waste materials nor rubbish shall be permitted to accumulate in the shucking rooms.

Rule 10. Adequate facilities shall be provided for cleaning and sterilizing all containers, utensils and implements used to open, handle or hold shucked oysters. There shall be an abundant supply of cold water and either hot water at 200° F. or steam all under pressure. All utensils and containers used to hold shucked oysters, as well as knives and other implements with which oysters are handled, shall be thoroughly cleansed and then scalded with hot water or steam at least after each day's work.

Rule 11. Shucked oysters shall be washed only in fresh water of sufficient purity to pass the treasury department standard* for drinking water. All dip-

* The standard, promulgated by the Secretary of the Treasury, October 21, 1914, requires, in brief, a count of not more than 100 total bacteria per cubic centimeter and not more than 2 *B. coli* per 100 cc. of water.

pers, tubs, skimmers, buckets, paddles, blowers, tanks, and other devices shall be of such material and construction that they can be readily cleansed. All washing or blowing devices shall be provided with means for catching the refuse from the oysters in order to keep refuse from further contact with the oysters. All devices for washing shucked oysters shall be thoroughly cleaned of accumulated refuse from the oysters between washings. Water for washing shucked oysters shall be taken directly from the pipe and shall not be dipped from tubs or other containers and shall not be reused for washing.

Rule 12. All containers in which shucked oysters are packed for shipment or storage shall be thoroughly cleaned with hot water or steam.

Rule 13. Shucked oysters shall be placed in their containers and iced in such a manner that neither the ice nor the water produced by its melting shall come in contact with the oysters.

Rule 14. Persons engaged in shucking oysters shall wear clean outer clothing or be supplied with rubber aprons.

Rule 15. No persons with infected or suppurating wounds on the hands or arms shall be permitted to open oysters or handle the same.

Rule 16. No person afflicted with any infectious disease capable of contaminating oysters shall be permitted to work in or to enter any room in which oysters are opened or shucked.

Rule 17. No persons having had typhoid fever shall be employed in handling oysters in any way and no persons shall be re-employed after attacks of typhoid fever until such persons have secured certificates from the state commissioner of health to the effect that bacteriological examinations have shown said persons to be free from typhoid bacilli.

Culling and Storage Rooms

Rule 18. All rooms in which oysters are culled, packed or stored shall have floors of watertight construction and be free from contamination by outside surface wash. Said floors shall be kept in a clean and sanitary condition.

Rule 19. Any person violating, disobeying or disregarding the terms of any of these regulations shall be liable to the people of the state for a civil penalty not to exceed fifty dollars (\$50) for every such violation in accordance with the provisions of section 17 of article II of the public health law.

THE CONDUCT OF STATE TUBERCULOSIS HOSPITALS

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 342-d of the Public Health Law

(Adopted December 31, 1935; amended April 16, 1938, September 30, 1942 and November 30, 1945)

Each state tuberculosis hospital shall be part of the division of tuberculosis and under the supervision of the general superintendent of tuberculosis hospitals. Each superintendent's duties shall be those defined by section 342-d of article XVI-A of the public health law and by these rules.

Rule 1. Hospital areas. The following areas to be served by the state tuberculosis hospitals are hereby designated:

(a) THE EASTERN OR CATSKILL AREA shall be comprised of Chenango, Delaware, Fulton, Greene, Lewis, Madison, Otsego, Putnam, Schoharie and Sullivan counties and shall be served by the Homer Folks Tuberculosis Hospital at Oneonta, N. Y.

(b) THE CENTRAL OR FINGER LAKE AREA shall be comprised of Cayuga, Cortland, Schuyler, Seneca, Tioga, Tompkins, Wayne and Yates counties and shall be served by the Hermann M. Biggs Memorial Hospital at Ithaca, N. Y.

(c) THE WESTERN AREA shall be comprised of Allegany, Genesee, Livingston, Ontario, Orleans, Steuben and Wyoming counties and shall be served by the Mount Morris Tuberculosis Hospital at Mount Morris, N. Y.

(d) THE ADIRONDACK AREA shall be comprised of Clinton, Essex, Franklin, Hamilton, St. Lawrence and Washington counties and shall be served by the New York State Hospital for Incipient Tuberculosis at Ray Brook, N. Y.

Rule 2. Tuberculosis case and contact register. Each hospital shall maintain an active tuberculosis case and contact register for each county in its area. Report cards of tuberculosis cases shall be routed to and from the area tuberculosis hospitals according to the central office regulations for routing of tuberculosis report cards. Data relating to contacts shall be compiled from the clinic records and filed in the area hospital.

Rule 3. Service provided by each hospital. (a) Each hospital shall provide, within its respective area: (1) Diagnostic chest clinics for tuberculosis cases, contacts and suspects through outpatient service within the hospital and through itinerant clinics. Except in unusual instances, all patients attending any clinics maintained by the hospital shall present an admission card signed either by the attending physician or the local health officer. (2) Scientific and progressive study, care, and treatment for all patients within the hospital. (3) Appropriate research studies in clinical, pathological, bacteriological, epidemiological, and other aspects of the tuberculosis problem. (4) Clinical and therapeutic services both within the hospital and at the itinerant clinics for the follow-up of discharged cases and contacts.

(b) The superintendent of each hospital shall collaborate with the district health officers of the area in securing the interest and cooperation of the local health officers, practicing physicians, nursing committees, and unofficial health agencies in the promotion, organization, and administration of tuberculosis control measures.

Rule 4. Admission, study, and treatment of patients. The superintendent shall have full authority over, and responsibility for, the admission, type of

study, duration of care and treatment, and the discharge of patients in accordance with the following:

(a) The superintendent shall furnish, upon request, to physicians and health officers, application blanks for the admission of patients.

(b) The following persons having, or suspected of having, tuberculosis in any form may be admitted to a state tuberculosis hospital: (1) A resident of a county included in one of the above areas. (2) A resident of a county not included in a state hospital area, when a suitable vacancy exists, after satisfactory arrangements have been made for the payment of the cost of care. (3) A resident of an upstate county not included in a state hospital area, who is in need of special therapy or study not available at the local tuberculosis hospital, upon recommendation of the chief medical officer of such hospital and approval of the superintendent of the state hospital.

(c) Except in an emergency, when application is made by a physician for the admission of a patient suffering from pulmonary disease in which there is no evidence of tuberculosis, or in which tuberculosis is not suspected as being the cause of the disease, the superintendent shall complete arrangements for the payment for the care and treatment of such patient by the patient, his family, a friend, the children's court, or local welfare officer, before admission is approved.

(d) These regulations shall not be interpreted as changing the method of admitting patients to the New York State Hospital for Incipient Tuberculosis at Ray Brook in accordance with chapter 481 of the laws of 1931.

(e) All applications for admission shall be made directly to the superintendent on the prescribed form. Applications may be made in behalf of patients by: (1) Physician or health officer. In this event, the recommendation of said physician or health officer shall be considered as bona fide evidence that the person named on the application is in need of care and treatment. (2) The patient or a member of his immediate family. (3) Welfare commissioner or officer.

(f) The superintendent shall admit patients in the order of their applications as suitable vacancies occur. Residents of the hospital area shall receive preference. However, if there exists a bona fide emergency, a person may be admitted without reference to such waiting list.

(g) Following the admission of a patient, the superintendent shall cause to be made such clinical studies as may be indicated. A report of the findings of preliminary studies shall be made to the referring physician as soon as practicable. Subsequent reports of the patient's progress shall also be made, as indicated, to the referring physician. The superintendent shall forward to the district health officer the name, address, and diagnosis of every patient admitted to the hospital and report to him as to whether the examinations of the sputum of each patient show the presence or absence of tubercle bacilli.

(h) An orthopedic service for the diagnosis and treatment of tuberculous orthopedic conditions shall be established and conducted at each state hospital under the following regulations: (1) Decision as to the type of treatment of bone and joint conditions shall be determined following consultation between the director of the division of orthopedics, or his representative, and the superintendent. The director of the division of orthopedics shall be responsible for the type and kind of medical and surgical treatment which shall be carried out under the immediate supervision of the superintendent. The director of the division of orthopedics, or his representative, shall be present at those clinical conferences held each month at the hospital when orthopedic cases are presented for discussion. (2) Admission of patients for study or treatment of tuberculous, or suspected tuberculous, orthopedic conditions shall be made on the same basis as admission of other patients to the hospitals as far as residence is concerned, and in addition, on the basis of recommendations of state orthopedic clinic examinations or qualified orthopedists. (3) Activities of ortho-

pedic patients within the institution, as far as they relate to institutional and ordinary medical control, shall be under the authority of the superintendent. Necessary accommodations, appliances, and apparatus shall be furnished by the superintendent, at the request of the division of orthopedics. (4) A member of the resident professional staff shall be assigned by the superintendent to carry out the service orders and recommendations of the division of orthopedics. (5) Immediate nursing care shall be by nurses approved by the division of orthopedics, as to knowledge of care for bone and joint conditions. (6) Follow-up service after discharge shall be the function and obligation of the division of orthopedics, and shall be in cooperation with the hospital follow-up service. (7) The director of the division of orthopedics shall be notified immediately if an emergency arises during the course of treatment of an orthopedic case.

Rule 5. Discharge of patients. (a) The superintendent of each tuberculosis hospital shall determine the type of medical supervision which shall be furnished to every patient discharged from the hospital. Upon discharge of a patient, the superintendent shall make a suitable report to the patient's physician, which shall include a statement of the patient's home address, diagnosis, whether examination of the sputum shows the presence or absence of tubercle bacilli, and other suitable data regarding the patient's clinical condition and recommendations concerning the type of post-sanatorium supervision indicated. A copy of such report shall be sent to the district health officer. Reports of the status of discharged patients who are residents of New York city shall be forwarded to the department of health in New York city.

(b) The superintendent shall provide for subsequent examination and supervision of discharged patients as far as possible with the facilities and personnel at his disposal.

Rule 6. Discipline. The superintendent is responsible for the discipline of patients. Any patient whose conduct is contrary to the satisfactory administration of the hospital may be disciplined or discharged at the discretion of the superintendent. A report of all disciplinary discharges shall be made in writing and forwarded to the general superintendent of tuberculosis hospitals within a reasonable time.

Rule 7. Fees and charges. (a) In accordance with chapter 205, section 340, laws of 1934, and as amended by chapter 784 of the laws of 1942, the state commissioner of health will establish for each fiscal year a per capita per diem fee which shall be the charge to the counties for the treatment of patients. The same rate shall be charged to patients who are paying in whole or in part for their care and treatment.

(b) Unless a person is specifically employed by any state tuberculosis hospital on a definite part-time basis and such part-time basis is specified in the formal notice of appointment, he shall be considered a full-time employee. No full-time employee shall receive any tips, gifts, gratuities, or monies for any service, materials, or advice, except as hereinafter provided by these rules and the rules of the superintendent approved by the state commissioner of health.

(c) No physician who is a full-time employee of any state tuberculosis hospital shall accept any money, gift, or gratuity for any advice, examination, or treatment.

(d) If any practicing physician desires a consultation with any member of the medical staff and, in requesting such a consultation, stipulates that a fee shall be charged, then such staff member shall explain to the physician, or the patient, that he is not allowed to accept fees, but the patient may make a voluntary contribution to the patients' welfare fund which is maintained by the superintendent.

Rule 8. Surgeon and pathologist. (a) One of the two full-time principal thoracic surgeons appointed by the state commissioner of health shall serve the Mount Morris Tuberculosis Hospital and the Hermann M. Biggs Memorial Hospital, and the other shall serve the New York State Hospital for Incipient Tuberculosis and the Homer Folks Tuberculosis Hospital. They shall be available on call to the respective superintendents of the hospitals which they serve for consultation and surgical diagnosis and for surgical treatment. So far as it will not interfere with the satisfactory performance of their duties at the state tuberculosis hospitals, the services of the principal thoracic surgeons shall be available for surgical consultation and diagnosis to the local county and municipal tuberculosis hospitals in New York state, north and west of, and including, Orange and Dutchess counties, to any voluntary, special or general hospital within a radius of fifty miles of any state tuberculosis hospital, and to other institutions or hospitals designated by the general superintendent of tuberculosis hospitals. The diagnostic procedures of such surgical consultations may include diagnostic thoracentesis, diagnostic bronchoscopy, and such minor operative procedures as may be associated with the removal of tissue for biopsy examination. Major surgical therapy shall not be provided at the beneficiary institutions.

(b) A principal diagnostic pathologist, to be appointed by the state commissioner of health, shall be in general charge of the laboratory work in all the state tuberculosis hospitals and be in immediate charge of the laboratory at the Hermann M. Biggs Memorial Hospital, and shall reside at that hospital.

Rule 9. Research and publications committee. (a) There shall be a hospital research and publications committee which shall be composed of the general superintendent of tuberculosis hospitals, chairman; the principal diagnostic pathologist, the principal thoracic surgeons, and the superintendents of the state tuberculosis hospitals. This committee shall review and approve, prior to execution, all major research projects to be undertaken in all state tuberculosis hospitals. All theses, papers and articles by members of the staffs of the tuberculosis hospitals which are intended for publication, except regular reports, shall be reviewed and approved by the research and publications committee prior to publication.

(b) No member of the resident staff of a state tuberculosis hospital, with the exception of the superintendent, the principal thoracic surgeon, and the principal diagnostic pathologist, shall participate in public lectures, presentations or discussions relating to tuberculosis or allied subjects without approval or assignment by his or her superintendent.

Rule 10. Consulting staff. Each superintendent shall nominate to the state commissioner of health such person, or persons, as he deems qualified for appointment to the board of consultants in accordance with chapter 205, section 342-E, laws of 1934. These consultants are expected to counsel and advise on any professional aspect of the tuberculosis control program of the hospital and to render clinical consultation in their specialty. In addition to the duties and responsibilities imposed by chapter 205, section 342-E, any consultant shall be available on call for such special service as the superintendent may require.

Rule 11. Attending (visiting) physicians. The state commissioner of health at his discretion may appoint certain especially qualified attending physicians or surgeons to state tuberculosis hospitals. These appointees shall visit each hospital at such intervals and for such periods of time as are specified under the terms of appointment to consult with the superintendent and staff on problems of medical practice, diagnosis, and therapy. Each attending physician or surgeon shall submit a written report to the state commissioner of health,

through the general superintendent of tuberculosis hospitals, summarizing his professional activities during each of his visits to the hospitals. The attending physicians shall be available for special consultations at their regular offices or residences when visited by a superintendent or his designated representative.

Rule 12. Board of visitors. The board of visitors of the New York State Hospital for Incipient Tuberculosis at Ray Brook shall carry out and perform the powers and duties prescribed in section 363 of article XIX of the public health law, and may make such recommendations as they consider advisable for the welfare of the hospital to the general superintendent of tuberculosis hospitals through the superintendent.

Rule 13. District tuberculosis control service. (a) The superintendent of each state tuberculosis hospital shall be responsible to the state commissioner of health, through the general superintendent of tuberculosis hospitals, for the development of an adequate program of tuberculosis control in each county of the hospital area. To this end, he shall formulate with the district health officer, a plan of field tuberculosis work for each county. The administration of this plan shall be in general conformity with the provisions of the operating manual and these rules. If the superintendent and district health officer fail to agree on any details of a plan, the central office shall decide.

(b) The relationship of the district health officer to the local nursing service in tuberculosis work shall be in conformity with chapter 12 of the operating manual. Communities in which there is no public health nursing service, or in which this type of service is inadequate, shall be considered as special problems.

(c) The superintendent and the district health officer shall jointly prepare a program to be followed in each county and submit such program to the department of health. Among other elements, the program shall contain the following information: (1) The number of diagnostic examinations required. (2) The location and frequency of field diagnostic clinics. (3) The methods of organizing and operating such clinics with special reference to the part to be played by the local health officer. (4) The nature and scope of any special epidemiological investigations to be undertaken. (5) The health districts in which the local health officer will assist in promoting early diagnosis and reporting of tuberculosis and maintain adequate domiciliary supervision of cases. (6) Methods to be followed in providing adequate tuberculosis field nursing service, and particularly the extent to which available local nursing service will need to be supplemented by additional state district nursing personnel.

Rule 14. Clinic (outpatient) and consultation service. (a) The superintendent shall establish an outpatient service at the hospital and provide itinerant chest clinics according to needs as indicated by a study of morbidity and mortality and population statistics, as arranged by the district health officer pursuant to rule 13 of these rules.

(b) Upon request to the superintendent, members of the medical staff of the hospital shall be available for consultation service to the practicing physicians of the area.

(c) The superintendent and members of the medical staff of each state tuberculosis hospital are encouraged to accept appointments to the consulting or courtesy staffs of other hospitals, such services to be rendered without remuneration.

Rule 15. Superintendent's administrative responsibility. The superintendent of each state tuberculosis hospital shall be its chief executive and medical officer and as such shall:

(a) Under the general direction of the state commissioner of health, through the general superintendent of tuberculosis hospitals, have full supervision and administrative control of the hospital and of the professional services therein.

(b) Make such rules and regulations as he may deem necessary to insure good conduct, fidelity, and economy in every department.

(c) Be responsible for the property of the state, its protection, development, maintenance, and operation.

(d) As treasurer of the hospital, perform such duties as are directed by law and required by the state commissioner of health.

(e) Appoint all subordinate officers and employees of the hospital subject to the provisions of the civil service law. Such officers and employees shall be directly responsible to him and may be removed by him according to the civil service law. In the event of the disciplinary removal of an officer, the superintendent shall forward a written report of such action promptly to the general superintendent of tuberculosis hospitals.

(f) (1) Cause a medical examination to be made of every newly appointed employee, such examination to include a tuberculin test and an x-ray of the chest. (2) Re-examine by x-ray, at suitable periodic intervals, all employees who reacted positively to tuberculin at such first examination, retest with tuberculin all employees previously negative to tuberculin, and x-ray the chests of those whose reactions have changed from negative to positive. (3) X-ray the chests of all previously positive tuberculin reacting, and retest with tuberculin all previously negative tuberculin reacting employees prior to their severance of employment at the hospital. (4) Keep suitable records of the results of all the examinations and treatments performed on employees.

(g) Direct the assignment of duty, training, and instruction of subordinate officers and employees.

(h) Furnish the following reports: (1) A written report at the end of each week covering the daily activities of the superintendent for that week. (2) A report of the proceedings of the periodic inter-hospital medical conferences. (3) An annual report at the end of each year of the activities of the hospital for the preceding year. (4) Such other periodic and special reports as may be required by law, by these regulations, and by the state department of health.

Rule 16. Vacation and sick leave. The following rules and regulations pertaining to vacation and sick leave shall apply, whenever possible, to all employees of hospitals in the state department of health:

(a) Annual leaves of absence for nurses and permanent employees in the competitive civil service will be granted, subject to the exigencies of the work of the hospital, at the rate of twenty-two (22) working days for each calendar year. Saturdays occurring during the vacation period are counted as half days, and legal holidays occurring during the vacation period are not counted as part of the vacation allowance. Employees in the competitive civil service who have been in the service of the department for less than one year will be allowed one and five-sixth ($1\frac{5}{6}$) days' vacation for each full month of past employment.

(b) In addition to the annual vacation leave of absence, and except in emergencies, employees in the competitive civil service classification shall be allowed additional time off on the following holidays: New Year's Day, Lincoln's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Armistice Day, Thanksgiving Day, Christmas Day, and Sundays. In order that the care and treatment of patients shall not be sacrificed, superintendents shall decide as to which employees may be allowed time off on the above days, and those who are not excused from duty on these days shall be given equivalent time off when, in the judgment of the superintendent, they can be spared.

(c) Nurses and nursing attendants who are in the noncompetitive civil service are entitled to three calendar weeks' vacation per year, and all other employees in the noncompetitive and labor groups are entitled to two calendar weeks' vacation per year, and in addition, shall be allowed holidays and Sundays in accordance with the provisions made for competitive employees.

(d) All permanent employees shall receive the same sick leave allowance as other permanent employees of the state department of health, regardless of whether they are in the competitive or the noncompetitive civil service classification.

(e) Temporary employees who are paid on a per diem basis will not be entitled to annual leaves of absence or sick leave.

Rule 17. Communications. All communications to the central office shall be sent to the division of tuberculosis, attention of the person concerned. The original and one copy of all communications to other state departments in Albany shall be addressed to the appropriate person but sent to the division of tuberculosis for forwarding, unless a different procedure is prescribed by the general superintendent of tuberculosis hospitals for certain types of communications.

APPROVED METHODS OF VACCINATION

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 311 of the Public Health Law

(Adopted March, 1925)

Rule 1. Only vaccine which has been kept constantly cold shall be used.* Vaccine shall not be used later than the date stamped upon the container.

Rule 2. The vaccination should be performed on the arm (preferably the left arm in right-handed persons, and vice versa), over the insertion of the deltoid muscle. Vaccinations on the leg are not recommended, but if so done, the person vaccinated should rest in bed from the time of the appearance of the vesicle until the crust is well formed.

Rule 3. The arm should be clean, and should be prepared with a volatile disinfectant, which must be allowed to evaporate completely before the vaccine is applied or the skin broken. Care must be taken not to use alcohol which has been denatured with bichloride of mercury or other non-volatile disinfectant.

Rule 4. One of the following methods shall be used, unless special permission for the use of another method is obtained from the state commissioner of health:

(a) **Single scratch method.** This consists of a single superficial scratch with a sterile needle. An attempt should be made not to draw blood. The scratch should not be more than one-eighth of an inch long and may be made through a drop of vaccine, or the vaccine may be applied afterward. The vaccine should be gently rubbed into the scratch with the side of the needle or other suitable sterile instrument.

(b) **Multiple pressure method.** This consists of pressures against the skin with the side of a needle point through a drop of vaccine. The needle is held parallel to the skin and the flat side pressed into the skin in such a way that the point of the needle passes through the drop of vaccine. Although the needle is merely pressed flat against the skin, the point will make a tiny but practically invisible scratch which nevertheless is sufficient to introduce the virus into the superficial layers of the skin. From five to ten pressures should be made rapidly, lifting the needle clear of the skin each time, with care to limit the insertion to a skin area not to exceed one millimeter in diameter. If properly performed the skin will not be broken, and only a minute indentation will be visible after the procedure at the point of vaccination. (Amended July 22, 1939.)

Rule 5. The following methods are specifically disapproved:

- (a) Cross-hatching
- (b) Multiple scratches, or scarifications, less than one inch apart
- (c) Scratches more than one-fourth of an inch in length.

Rule 6. (a) If the person vaccinated has a scar of a previous vaccination, or if he has a history of possible smallpox, he shall be instructed to return for observation within forty-eight hours and again on the fifth to seventh day.

(b) If he has no scar nor a history of possible smallpox, on the fifth to seventh day.

* 40° F. or lower. The optimum temperature is about 10° below the freezing point.

Rule 7. If no reaction of immunity appears within forty-eight hours, or if a reaction resembling the reaction of immunity appears later than forty-eight hours, and proves not to be a primary vaccinia or vaccinoid when observed on the fifth to seventh day, a second vaccination should be performed, being sure to use potent vaccine and being careful as to technique. A reaction should occur in every instance. Failure to find it means impotent vaccine, improper technique, or possibly the use of disinfectants by the person vaccinated at some time shortly after the vaccination was performed.

Rule 8. The person vaccinated is to be instructed by the physician in the proper care of the vaccination. No "shields" of any sort shall be provided or recommended. After the vesicle has developed six to eight thicknesses of gauze strapped at the edge with adhesive tape may be worn as a protection. The gauze should be of sufficient size to prevent the adhesive tape from covering any part of the inflamed area of the skin. The person vaccinated should be warned against injury to the vaccination or excessive use of the arm (or leg). The crust which finally forms should be allowed to fall off.

Rule 9. The vaccination must be reported to the local health officer as required by the public health law. Forms for this purpose are provided by the state department of health.

VITAL STATISTICS, WAIVING OF FEES FOR BIRTH, DEATH AND MARRIAGE RECORDS

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 391 of Article XX of the Public Health Law and Section 20-a of Article III of the Domestic Relations Law

(Adopted May 24, 1940)

Rule 1. The New York state department of health shall make searches and issue certifications and certified copies of birth, death, and marriage records without charge to:

(a) Local or state organizations of war veterans in connection with claims for soldiers' burial fees, markers for soldiers' graves, and securing relief for veterans or their families.

(b) Applicants for employment on projects conducted by the works progress administration.

(c) Applicants for admission to the civil conservation corps.

(d) Applicants for enlistment in the U. S. army or navy.

(e) Persons of any age filing applications with the state employment bureau.

(f) Persons residing in Canada applying to Canadian authorities for public relief or veterans' claims, providing the province of Canada in which applicant resides furnishes similar information gratis to persons residing in the United States.

(g) Children under the age of sixteen—limited to certifications of birth.

(h) Persons who were either adopted or whose paternity was established by law, limited to a certification of birth made out in the name by which the person is designated in the adoption or filiation papers.

THE DELAYED REGISTRATION OF AN UNRECORDED BIRTH

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 391 of Article XX of the Public Health Law

(Adopted September 25, 1943)

Rule 1. Definitions: Delayed registration of birth is the registration of a birth one year or more after its occurrence.

A supporting affidavit is a sworn statement substantiating the facts entered on the birth certificate.

A written record is one which establishes the facts entered on the birth certificate. Records presented in evidence shall have been made at least five years before the date of application for the delayed registration of birth.

Rule 2. Affidavits submitted in support of application. Affidavits shall be made on forms supplied by the State Department of Health.

Rule 3. Official certification that record of birth is not on file required. Each application for the delayed registration of an unrecorded birth shall be accompanied by a statement issued either by the local registrar of the community where the birth is believed to have occurred or by the State Department of Health to the effect that a search of the records has been made and that no record bearing the name of the person whose birth is to be recorded was found.

Rule 4. Attending physician or midwife (if alive and can be located) shall make certificate of birth. If the physician or midwife who attended the birth is alive and can be located, the certificate shall be made by such physician or midwife.

Rule 5. One of the parents (if attending physician or midwife has died or cannot be located, or if the birth was not attended professionally) shall make certificate of birth. If the physician or midwife who attended the birth has died or cannot be located, or if there was no professional attendant at the birth, the certificate shall be made by one of the parents. It shall be accompanied by an affidavit made by the parent who signs the certificate explaining why it has not been made by the professional attendant at the birth.

Rule 6. Making of certificate of birth in all other cases. If the physician or midwife who attended the birth has died or cannot be located and if both parents have died, the following procedure should apply:

(a) If the applicant is under 18 years of age, the certificate shall be made by a relative or some other person who was at least 12 years of age when the birth occurred and had knowledge of it at that time. It shall be accompanied by an affidavit made by this person explaining why the certificate cannot be made by the attendant at birth, or by one of the parents.

(b) If the applicant is 18 years of age or over, the certificate shall be made by himself. It shall be accompanied by an affidavit made by the applicant explaining why the certificate cannot be made by the attendant at birth or by one of the parents.

Rule 7. Proof required in support of application for delayed registration of an unrecorded birth. The place of birth, date of birth, and the names of the parents shall each be supported by two written records made at least five years before the date of application. A supporting affidavit made by a person at least 12 years older than the applicant and who had knowledge of the birth at

the time it occurred may be submitted in place of one of the records, except that:

(1) If the birth certificate is made by the applicant, at least one of the records submitted as evidence must be based on information furnished by some person other than himself.

(2) If the applicant is under 12 years of age, only one piece of supporting evidence is required, which may be in the form of a supporting affidavit, or a written record showing the child's name, the place of birth, date of birth, and the names of his parents.

RULES AND REGULATIONS ON NARCOTIC CONTROL

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 421-a of the Public Health Law

(Adopted November 15, 1944)

1. Display of licenses and certificates. A narcotic license or certificate of approval shall be prominently displayed in the place to which it applies.

2. Validity of licenses and certificates. No narcotic license or certificate of approval shall be considered valid and in good standing unless the indicated activity is conducted at the address stated thereon.

3. Return of licenses and certificates. A narcotic license or certificate of approval shall be promptly returned to the department upon revocation or suspension or when the activity for which the applicant is licensed or approved has been discontinued.

4. Ordering narcotics for professional use. No physician, dentist or veterinarian shall obtain narcotic drugs for his professional use except by means of his official written order form.

5. Self-treatment of addiction. A person authorized by law to obtain narcotic drugs on official written order forms shall not use such drugs for the treatment of his own addiction.

6. Manner of writing prescriptions. The body of a narcotic prescription shall be filled in with ink, indelible pencil or typewriter. The signature of the physician must be in ink or indelible pencil.

7. Filling of prescriptions. No prescription calling for a mixture containing narcotics and other ingredients shall be filled by supplying only the narcotic drug.

8. Receipts for prescriptions. Narcotic prescriptions which are on file at a pharmacy and which may be required as evidence of a violation by others than the pharmacist or his employees, shall be released to a narcotic investigator upon his request and upon furnishing a receipt therefor on a form provided for that purpose bearing the notation: In order to conform to Art. 174 of the Harrison Act and Sec. 426 of the New York State Narcotic Drug Law, this RECEIPT MUST BE KEPT ON FILE for at least TWO (2) years.

9. Availability of records. All records shall be readily available and promptly produced upon request for inspection by a narcotic investigator.

CONDITIONS UNDER WHICH A DOG VACCINATED AGAINST RABIES MAY BE AT LARGE IN DESIGNATED AREAS CERTIFIED FOR RABIES

RULES promulgated by the Commissioner of Health pursuant to Article III, Section 25-a of the Public Health Law

(Adopted June 8, 1945 and amended March 29, 1946)

1. **Definitions:** (a) "Inoculation," to permit a dog to be at large,* shall mean the subcutaneous injection at one time, but in several sites if necessary, of not less than 5 ml. of a killed antirabic vaccine for dogs, which vaccine meets the standards prescribed by the United States Department of Agriculture for interstate sale,** has been kept properly refrigerated until used, and has been administered by a duly licensed veterinarian within the expiration date on the package.

(b) "Certified area" means an area certified by the State Commissioner of Health in accordance with section 25-a of Article III of the Public Health Law as one in which, or in the vicinity of which, there exists rabies among dogs.

(c) "Designated area" means an area which the State Commissioner of Health has designated as one in which dogs which have been actively immunized against rabies in accordance with the provisions in these rules may be permitted to be at large.

2. **Privilege of inoculated dogs to run at large in a designated area:** (a) The privilege of inoculated dogs to run at large in a designated area shall not apply

(1) To any dog during a period of 30 days following its first inoculation against rabies.

(2) To any dog after one year from its last inoculation against rabies.

(3) To any dog which has been bitten by or has been in intimate contact with a rabid animal, from the date of such bite or exposure until four months later.†

(4) To any dog which has bitten a person until one week after such bite.‡

3. **Additional conditions to be complied with:** (a) The veterinarian administering the vaccine shall give to the owner‡ of the dog a signed statement which shall give the dog's license number, name and address of owner, and date or dates of inoculation together with the amount of vaccine injected, manner of injection, name of manufacturer, lot number, and expiration date of the vaccine.

(b) The owner shall keep this statement readily available for inspection by official agents concerned with the control of rabies.

(c) The veterinarian administering the vaccine shall attach a non-destructible tag securely to the collar of the dog indicating that the dog has been vaccinated against rabies, with the date of last inoculation marked on the tag, which shall be worn by the dog at all times, and which shall be of a size plainly visible at a reasonable distance for purposes of inspection by officials concerned, and readily distinguishable from the dog license tag.

4. **Requirements for designated area:** No area will be designated until 30 days or more have elapsed from the date it was certified, and only then upon receipt of a statement from the district state health officer to the effect that essentially all dogs at large have been eliminated in the area and that at least 70 per cent of the enumerated dogs have been vaccinated against rabies during the previous 12 months. Designation of an area may be terminated at any time by the State Commissioner of Health.

* In accordance with section 25-a, Article III of the Public Health Law "at large" means "elsewhere than on the premises of the owner, except it be on the premises of another person with the knowledge and assent of such other person." An opinion from the Attorney General states that a dog on leash is not "at large" within the meaning of this statute. (Nov. 1, 1943. Report of Attorney General, 1943, p. 290.)

** Such products have the legend, "U. S. Veterinary License No. ——" printed on all containers.

† See Regulation 10, Chapter II.

‡ Section 107, Article 7 of the Agriculture and Markets Law states: "The word 'owner' includes a person harboring or keeping a dog."





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